VS. A15

correct

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

# CERTIFICATE OF DEATH

05277

COUNTY	STATE COUNTY LAWYER STATE	14 -
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	Marinand.	
OR givo nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
HOSPITAL OR	STREET (It rural, sive (cestion)	
INSTITUTION OR STREET ADDRESS Para Jula General Hospital	STREET (If rural, give location)	/
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) ()	Year)
(Type or Print)	OF 777	1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH   9. AGE last hirthday   If under 1 year   If under	24 hra.
terrecti While (Specify)	( ) yrs. ( )	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF V	WHAT
fousing	Dungary Country?	us.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Daniel Topp.	I unknown.	
15. WAS DECRASED EVER IN U.S. ARMSD FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS	0
service)	Miss. Susie Almace Berlin Y	nd
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BET ONSET AND D	
Con.	Then be in and	2
Immediate cause (a)	17 Totals	1
Antecedent cause(s)	X 1' a diam	~
Diseases or conditions, if any, (b)	rolle conleg varewrong 81	rea
giving rise to the above cause stating the underlying cause last	10	
(e) II Civhoso	of liver 6 mo	-0
II. OTHER SIGNIFICANT CONDITIONS	W A +A	
Conditions contributing to the death but not related to the disease or condition causing death.	cholecycles 6 he	~
19a. DATE OF OPERATION   19b. MOOR FINDINGS OF OPERATION	20. AUTOPS)	Y1
5/28/51 Chronic cholecysle	Yes by N	Io 🗆
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)	-
SUICIDE HOMICIDE OF office bldg., etc.)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY  m.   While at Not While   Work   At work		
cli-		
22. I hereby certify that I attended the deceased from	F, - /0/ -/	
22. I hereby terminy that I abounded the deceased from 2	, 195/, to 5./3/, 195/, that I last saw the decease	sed
	· · · · · · ·	sed
alive on S -3 / 19.5 /, and that death occurred at /	, 195/, to 5	
	ADDRESS DATE SIGN	
alive on 5.—3./, 19.5./, and that death occurred at J. SIGNATURE: (Degree or title)	ADDRESS DATE SIGN  ADDRESS DATE SIGN  ADDRESS MA Jalustery Mud 5/3,	ED //5/
alive on S.—3	ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  AND	ED //5/
alive on S	ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  AND	ED //5/
alive on S.—3	ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  AND	ED //5/
alive on S	ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  AND	ED //5/



VS. A15

correct

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

05278

ODICI II IOILI	Reg. Dist. P	10
I. PLACE OF DEATH- COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	You the
CITY (If outside corporate limits, write RURAL and LENGTH) OF STAY OR give nearest town) TOWN Control of the place)	CITY (If outside corporate limits, write RURAL and g	ive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Permonle Lunal Porfet	STREET (If rural, give location)	/
3. NAME OF DECEASED (First) (Middle) (Type or Print)	yalste   4. DATE (Month) OF DEATH May	(Day) (Year) 2/ 195/
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	On 10-1877 9. AGE last birthody of inde	
done during most of forking life, even if retired) Insurery	( Hacomoke litte, mg	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME AMBUOWY	In Mother's Maiden Name	
15. WAS DECRASED EVER IN U.S. ARME FORCES? (Yes, no, or unity was a life was of learning) (If yes, give war or dates of learning) service)	MIS audilatte & Sucult	Will my
18. MEDICAL CE	REIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Cerebal Thraubous		-110 -100-00-01 -00-00-000 -0-00-00-00-00-00-00-00-00-0
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)  Quedicales	Discare	ga e : 40 00 00 00 00 oog ood and a semestimble a coos a a a semi
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While INJURY   Mork   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-18-	, 1957., to 5/2/, 1951., that I last	saw the deceased
alive on May 21-, 1951, and that death occurred at	ADDRESS / rom the causes and on the date s	tated above. DATE SIGNED
William W may hits	falishing het	5/21/51
RESIDENT May 24/37 Banton	RY OR CREMATORY LOCATION (Cry toyogor coun	ma
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGS-23-37 Mary W. Holloway	24. FUNERAL DIRECTOR Survey Smooth	ADDRESS
	0 70	10944

BUREAU V. S. 1951 VARIANS.

# CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05279

Reg. Dist. No. 332

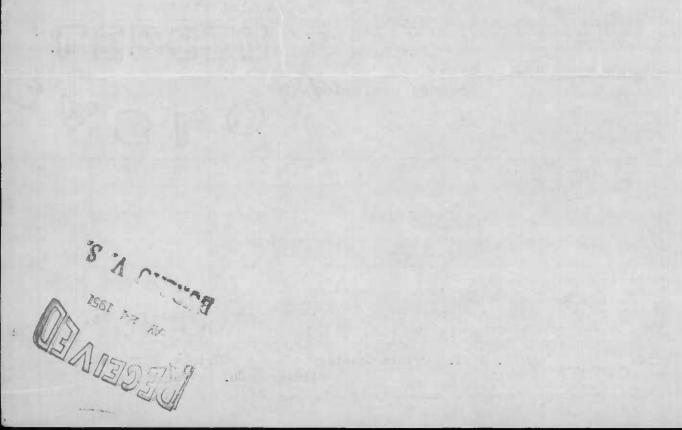
1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTROL COUNTY Wicomico MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) (in this place) Salisbury Salisbury TOWN HOSPITAL OR STREET IOS Glen (If rural, give location) INSTITUTION OR TOS Glen Ave. ADDRESS 3. NAME OF (Firat) 4. DATE (Middle) (Last) (Month) (Day) (Year) 21. 1951. DECEASED Bonnett May Anthony Henry (Type or Print) DEATH Aug. 14.1877. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOMODY DEVORCED. 9. AGE last birthday | If under 1 year | If under 24 hrs | Months | Days | Hours | Min. Male (Specify) 10b. King of Business or Industry upniture Repair Shop. 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 12 CLTIZEN OF WHAT Sykesville Pa. Schooling grat of Schring life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Caroline Priester Fredrick Bonnett Mrs. Nora Bonnett (Wife) IO8 Glen Ave. 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yearno, or unknown) (If yes, give war or dates of pervice) Saltsbury, Marylahd. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Sudden Coronary occlusion Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No E 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. office bldg., etc.) TIME (Month) (Day) (Year) INJURY OCCURRED HOW DID INJURY OCCUR? (Hour) While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy 🔠 Inspection 🛣 Inquiry 🗷 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) DATE SIGNED 502 N. Division St. Deputy Medical Examiner: Salisbury, Md. BURIAL, CREMATION REURIAL (Specify) NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF (State) Criole Cemetery May 23. 1951. Oriole, Maryland. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS Salisbury, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Suppl

of information carefully death clearly and legibly.

every item

VS. A15A



05280

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

leg. Dist. No. 3.3.2.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED!	4
WICOMICO MARYLAND	STATE Moryland WINTY	meco
OR give nearest town) Level (in this place) TOWN	CITY (If outside corounte limits, write RURAL and give OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR North Claimment Brive	STREET (If rural give location)	
3. NAME OF DECEASED (Type or Print) Tola Ellen	Bounds 4. DATE (Month) OF DEATH 5	(Day) (Year) 25 195/
Tethal While Specify Orrent	DATE OF BIRTH   9. AGE last, birthday   If under 1	year If under 24 hrs. Days Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working fire even if retired) thrumany to the fire of the control	11. PIRTHPLACE State or foreign country)   12.	CITIZEN OF WHAT
James Edward Kenny	Maria Ellen Wilso	n
15. (Yas, DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, ip, brunknown) (If yes, give war or dates of service)	My Eugene Bounds Solis	buy Md.
18. MEDICAL CE	RTIFICATION	11
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	10-	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Curlosia	of fluer	6 mos
Diseases or conditions, if any, giving rise to the above cause of stating the underlying cause last		** *** *** *** *** *******************
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	ven	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factbry, street, OF office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/-28	, 1950, to 5/25, 1951, that I last sa	w the deceased
alive on 5-18, 195, and that death occurred at.	ADDRESS	ted above.
SIGNATURE (Degree or title)  A Raclemak MD 3	502 16 Hus Dolerly les	5/28/57
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3- 20-37 MANAGER AND ALL MARCHEST AND ALL MA	24 EUNERAL DIRECTOR ASSAULT CO	ADDRESS
1 - at of wary with coming	Leonge Chill #	mol!



# The correct age

MARGIN RESERVED FOR BINDING

VS. A15A

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

I. PLACE OF DEAT	н.		2. USUAL RESIDENCE (	HOME) OF DECEASED.	IIII
COUNTY Wice	misco	MARYLAND	STATE Mary R.	end	UNTYWicomico
CITY (If outside	orporate limits, write RUR			rate limite, write RURAL s	ind give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R		STREET ADDRESS Sa	u Domingo	ion)
3. NAME OF DECEASED (Type or Print)	(First) Virgie	(Middle) Mary	(Last) Cook	4. DATE (Month OF DEATH	(Day) (Year)
5. SEX Lemale	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH May 29, 1900	So yra. M	under 1 year   If under 24 brookths   Days   Hours   Min
done during most of	ATION (Give kind of work working life, even if retired)		Wicomiee Coun	Ly, maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA!	IE quinton		14. MOTHER'S MAIDE		
	VER IN U.S. ARMED FORCES (If yes, give war or dates service)		17. INFORMANT Warjone Cook	- Wardola Spri	gs, md., RFD.
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
	ONDITIONS DIRECTLY		Haccorda	7.0	ONSET AND DEATH
	nt cause(s) conditions, If any, (b)	Herkesteus	ein 0		sewal
830- giving rise stating the	o the chore eques		***************************************	0.550m.000m4031.551.511.50.6000.0	
Canditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing dea	th.			
19a. DATE OF OPI	TRATION 196. MAJOR	FINDINGS OF OPERATION		•	20. AUTOPSY?
21. EXTERNAL CAPRIMARY OR CAUSE OF DEAT	ONTRIBUTING   OF	CE (Home, farm, factory, street, office hidg., etc.) URY	(CITY OR	TOWN) (COU	JNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED   While at Not while   work   at work	HOW DID INJURY O	CCUR?	
obtained by 83	id Autopsy, Inspection of	ains described above, held an A or Inquiry, find that said dece , suicide _, homicide _, (Degree or title)	eased died on the day stat	, Inquiry thereon ed above, and death in	and from the evidence my opinion resulted
Colum	In Triales	sheep dos 2	. Devision	St Salisher	my race Take
23. BURIAL, CREM		OF I NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, o	- (
REMOVAL (Spe	city) may 27,1	951 Law Domingo	Cemetery	near Sharptof	In Maryland
REMOVAL (Spe	city) may 27,1	951 San Domingo	Cenetery   24. FUNERAL DIRECT	Near Sharptofy	ADDRESS

The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

229

05282

4,30

1. PLACE OF DEATH.	ml	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY	MARYLAND	STATE COUNT	
CITY (If outside corporate limits, write RU		CITY (If outside corporate limits, write RURAL and g	rive nearest town)
OR give neared town)	(in this place)	OR (()	,
HOSPITAL OR	10 yrs	STREET (If rural, give location)	
INSTITUTION OR	2 1	ADDRESS	
STREET ADDRESS Allman	Kenol,	Merel.	
3. NAME OF (First)	(Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print)		Capie. DEATH 5,	10 196
5. SEX   6. COLOR OR RACE	7. SINGLE, MARRIED,	1 8 DATE OF RIPTH 1 9 ACE lest hirthday   If unde	r I year III under 24 hrs
Fernale Cel.	(Specify)	18 9 4 57 yrs. Months	Days Hours Min.
	k 10b. KIND OF BUSINESS OR		12. CITIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind of wor done during most of working life, even if retired	INDUSTRY	malla i ana site	COUNTRY?
13. FATHER'S NAME	UE. TIONS	1 proposelle va /1	IL,J,H.
1 2 -1 , 22.		14. MOTHER'S MAIDEN NAME	
Samuel Wille	<u> </u>	Proce Only.	
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown)   (If yes, give war or date	- 01	17. INFORMANT	
service)	none	I tames Capela	
	18. MEDICAL CE	ERTIFICATION #	
* STOREGER OF COMPUNIONS PIPEOMI			INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		ONSET AND DEATH
	archal	Hemore here	0
Immediate cause (a)			· · · · · · · · · · · · · · · · · · ·
Antecedent cause(s)	2 .1 +	1/4 1/3	
Diseases or conditions, if any, (b)	Prable 7	reliber miles	syrs.
giving rise to the above cause stating the underlying cause last			
stating the underlying cause last	n + 1		Undon: 10 yrs
11. OTHER SIGNIFICANT CONDITIONS	aronosion	8112	
Conditions contributing to the death but not			
related to the disease or condition causing de			
19a. DATE OF OPERATION   19b. MAJOR	FINDINGS OF OPERATION		20. AUTOPSY?
			Yes No 1
	ACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	(STATE)
	office bldg., etc.)	-	
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY — m.	While at Not While Work At work		
		15/10/	
22 I hereby certify that I attended t	he deceased from Sext	1950, to Reat, 1951, that I last	baseonah adt wee
alive on april 19.5/. 2	and that death occurred at	5:30 m., from the causes and on the date s	stated above.
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Santa f	m. D.	Ochman Del 5	-/1. 1-1
and by samue			112/5/
23. BURIAL, CREMATION   DATE THER		RY OR CREMATORY LOCATION (City, town, or cou	nty) (State)
Burial (Specify) 5-14-	-5-1 matomph	en Cem Tribolar Ta	
DATE REC'D BY LOCAL   BEGISTRAR'	S SIGNATURE AND	24. FUNERAL DIRECTOR	ADDRESS
REG. 2- 19-4-1 (MEDIA	III The man	Banker Mleichet.	
- Ja Ul yhary	w. Mumay	10 - Complete Million	/
		- Solen	un mi



The correct age

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

05283

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (In this place) OF WATELEY ADDRESS  INSTITUTION OR STREET ADDRESS  3. NAME OF (First) OF (Type or Print) OF (First) OF (F						
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (In this place) OF WATELEY ADDRESS  INSTITUTION OR STREET ADDRESS  3. NAME OF (First) OF (Type or Print) OF (First) OF (F	COUNTY .		MARYLAND	2. USUAL RESIDENCE (F STATE Marylar	IOME) OF DECEASE	D. COUNTY Somerset
HOSPITAL OR INSTITUTION OR STREET ADDRESS ROUTE # 11 - Box 50	CITY (If outside cook give mearest TOWN	orporate limits, write RUR.		II OB		
DECRASED OF Print) OMAT  5. SEX Male 6. COLOR OR RACE Male COLOR OR RACE Male COLOR OR RACE Male COLOR OR RACE Male 6. SUBAL OCCUPATION (Give kind of work) OBJUNES DEPUBLIES Male 10. SUBAL OCCUPATION (Give kind of work) OBJUNES DEPUBLIES MALE MILTON Anderson Milton Milto	HOSPITAL OR INSTITUTION OF	R		STREET	(If ru al give lo	ration)
DECRAFED  Type of Pints  Omat  Cornish  Death  S. SEX  6. COLOR OR RACE WIDOWED Male  COLOR OF RACE WIDOWED MIDOWED MI		(First)	(Middle)	(Last)	4. DATE (Mo	nth) (Day) (Year)
Male Colored Signetly Divorced 9/17/1925 25 yrs. Months Day Hours Mis (Specify) Divorced 25 County 12. Citizen or Wind done during most decorate the control of the citizen of the citizen of the control of the citizen	(Type or Print)				OF DEATH 5	12 195
18a. USUAL OCCUPATION (Give kind of work done) and provided in the control of extend of work done, duffer and of extend of work done, duffer and of extend of the control o			7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separate			If under I year Months Days Hours Min
Minnie Price   Winnie Price   Winnie Price	done during most of a	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY USA
Creating to the above cause stating the underlying cause last felated to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition causing death.    19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY! Yes   No. 20. AUTOPSY! Yes	13. FATHER'S NAM	E				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) Broken neck  Sudden  Interval Bryat Bryat Bryat Bry				17. INFORMANT		
INTERVAL BETWEE ONSET AND DEATH  INTERVAL BETWEE ONSET AND DEATH  Sudden  Interval Betwee Onset and Death  Interval Betwee Onset and Death  Immediate cause  (a) Broken neck  Sudden  Immediate cause  Antecedent cause(s) Diseases or conditions, if any, giving rise to the a hove cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not conditions contributing to the death  Isa. DATE OF OPERATION  INJURY Son CONTRIBUTING OF Chief pidg, etc.)  ITME (Month) (Day) (Year) OF Chief pidg, etc.)  ITME (Month) (Day)		(If yes, give war or dates of service)	of	Winnie Co	rnish	
Immediate cause  (a) Broken neck  Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the shove cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  IPAD DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY AS OR CONTRIBUTING OF INJURY Highly etc.)  TIME (Month) (Day) (Year) (Hour) INJURY Highly Work Not while at work Automobile accident  22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Inspection			18. MEDICAL CE			
Immediate cause  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause tasting the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PRIMARY RON CONTRIBUTING OF office pidg, etc.)  TIME (Month) (Day) (Year) (Hogy) INJUIT) OCCURED OF OF S 12 1951p 8. While at work Automobile accident  22. I certify that I took charge of the remains described above, held an Automobile accident  22. I certify that I took charge of the remains described above, held an Automobile Signature  SIGNATURE (Degree or title) Operer or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from: natural causes accident Signature  ADDRESS 502 N. Division St.  PATE SIGNED  ADDR	I DISEASES OF CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN
Antecedent cause(s)    100   Disease or conditions, if any, giving rise to the above cause attaing the underlying cause last (c)    11. OTHER SIGNIFICANT CONDITIONS						
Antecedent cause(s)    10   Classes or conditions, if any, giving rise to the shove cause stating the underlying cause last (c)    11. Other Significant Conditions contributing to the death but not related to the disease or condition causing death.    13a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?	Immediat	e cause (a)	Broken neck			Sudden
196. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?   Yes   No. 20. AUTOPSY?   Automobile accident   Aut	giving rise to stating the u	o the above cause inderlying cause last (c)  ICANT CONDITIONS uting to the death but not				
21. EXTERNAL CAUSE WAS PRIMARY A CONTRIBUTING OF office pidgs, etc.) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY DOCUMED INJURY OCCUR? OF 12 1951 M. While at work Automobile accident  22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes In accident (Degree or title)  SIGNATURE  Deputy Medical Examiner; Salisbury, Maryland 5/14/5  BURIAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BUT 13 SIGNATURE  DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE  PRIMARY A CONTRIBUTING OF CEMETERY OR CREMATORY CONTROL (City, town, or county) Automobile accident  Fruitland Wicomico Md.  Fow Did Injury occur?  Automobile accident  Automobile accident  DATE SIGNATURE  SIGNATURE  DATE SIGNATURE  SOZ N. Division St.  DATE SIGNED  SOZ N. Division St.  Soz N. Division						1 20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY & OR CONTRIBUTING OF office pide, etc., CAUSE OF DEATH.  CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY DOCCURRED OF INJURY 5 12 1951 m. While it work at wor						and the second second
TIME (Month) (Day) (Year) (Hour) (Not while of Not while of Not while of Not while of Not while obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes of accident of Not while obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes of accident of Not while obtained on the day stated above, and death in my opinion resulted from: natural causes of accident of Not said deceased died on the day stated above, and death in my opinion resulted from: natural causes of accident of Not said deceased died on the day stated above, and death in my opinion resulted from: natural causes of not said deceased died on the day stated above, and death in my opinion resulted from: natural causes of Not said deceased died on the day stated above, and death in my opinion resulted from: natural causes of Not stated of N	21. EXTERNAL CA PRIMARY & or CO CAUSE OF DEATH	USE WAS ONTRIBUTING OF H. INJU	office bidg., etc.)	Fruitlan	d Wi	OUNTY) (STATE)
22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , Interest and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .  SIGNATURE	TIME (Month)	(Day) (Year) (Hour)	While in Not while			
o 17 07 Many w. Mores may 104) and 18 frances	obtained by sai from: natural SIGNATURE  SIG	d Autopsy, Inspection of causes . accident 2  ATION DATE THERE	r Inquiry, find that said dece suicide _, homicide _, (Degree or title)  Deputy Medical PROPERTY St. Paul (	used died on the day state undetermined []. ADDRESS  Examiner; Sal  RY OR CREMATORY [1]  Cemetery	N. Divisi isbury, Ma OCATION (City, town Revell Nec	in my opinion resulted  DATE SIGNED  ON St ryland 5/14/5  I, or county) (State)  k-Somerset-Md
	3-14-	57 Mary	W. Hollomay	William	- H Cum	- OK DAMES -



2411 N. Charles Street, Baltimore

05284

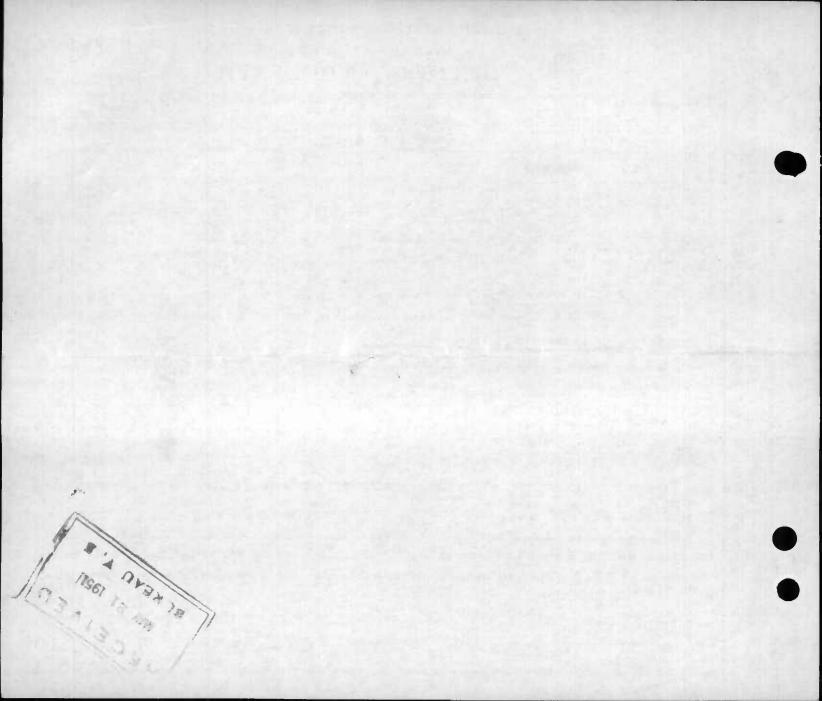
# CERTIFICATE OF DEATH

Reg. Dist. No. .... 332

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	7
MARYLAND MARYLAND	STATE marefaul COUNTY	Uleconice
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN SHIP OF THE PROPERTY OF T	TOWN Justiller	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	DEATH May	15 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, QIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If Inder Months.	1 year If under 24 hrs. Days   Hours   Mio.
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business OR	11 BIRTHPLACE (State or foreign country)   12	CITIZEN OF WHAT
dooe during most of working life, even if retired) INDUSTRY		COUNTRY?
13. FATHER'S NAME	14. MOTTER'S MAIDEN NAME	LLISA
Reny Dashield	Elizabeth White	
15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, oo, or unknown)   (If year, give war or dates of	17. INFORMANT AND ADDRESS \$75 %.	moss, St
service)	marie Brooks - Richardel	shire Pai
18. MEDICAL CE	DTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Carolina Island	101 mg /2 2 2 2	01
Immediate cause (a) Cerels al / Lee	wordsqe	a wys.
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last	990411 0 1000 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(5555-2)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
CONTRACTOR AND	1: 1051 . 15 May	
22. I hereby certify that I attended the deceased from 4 Mar	J., 19.7, to	w the deceased
alive on 75 1004, 19.51, and that death occurred at	2	ited above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
( De von It. Found on W.D.)	Day Trade WA 5	-/16/51
23. BURIAL, CREMATION   DATE   NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county	
REMOVAL (Specify) may 19, 1951 Jyan ben ch	wich Cemetery In astein	med.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
5-18-5-1 (Marial) Halloway	(1. M. Masseh, Ben	Day sulas

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The sorrect age



#### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05285

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	7 747 9 9 -
W1COM1CO MARYLAND		Wicomico
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN PILLS ville (In this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If ru al give location)	
3. NAME OF (First) (Middle) DECEASED (Type or Print) George William	Davis 4. DATE (Month) OF DEATH 5	(Day) (Year) 12 <sub>19</sub> 51
Male   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months of 5 yrs.	Days   If under 24 hrs Days   Hours   Min.
done during most of vorking life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  TAXYNUM		CITIZEN OF WHAT
13. FATHER'S NAME	MACHER'S MAIDENNAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	Mr. Howard Moore. Pil	tsvelle m
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Protoured	Shull -	Sudde
013 c	Brain my	health
Diseases or conditions, if any, (b)		
giving size to the shove source		
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
none		Yes No D
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
PRIMARY OR CONTRIBUTING OF office light, etc.) CAUSE OF DEATH.	Rt.353-Pittsville Wicomi	co Md.
TIME (Month) (Day) (Year) (Hour) INJUIN OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY 5 12 1951 m. While at work W	Hit by hit-and-run driver	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decentaries in the proof of the pr	used died on the day stated above, and death in my indetermined ADDRESS	from the evidence opinion resulted  DATE SIGNED  5/12/51
Deputy Medica	al Examiner; Salisbury, Md.	2/10/21
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 3-13-51 Unatomica	RY OR CREMATORY LOGATION (City, town, or count	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5-12-5-1 Hary W. Holloway	24. FUNERAL DIRECTOR	ADDRESS Tovelle hal
	8.27	17/08



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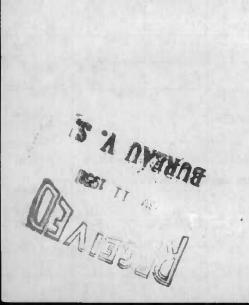
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 332 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Wiesnuco STATE MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) (in this, place) con TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS (Middle) 3. NAME OF (First) (Last) 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) an 19 5/ DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 6. COLOR OR RACE 9. AGE last birthday If under 1 year | If under 24 hrs. Months Days Hours | Min. make (Specify) 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? manilono 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cenry Jobson 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AND, ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of remember service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Yes | No 🕅 21. ACCIDENT PLACE (Home, farm, factory, street, (CITY OR TOWN) (Specify) (COUNTY) OF office hidg., etc.) (STATE) SUICIDE HOMICIDE TIME (Month) INJURY OCCURRED HOW DID INJURY OCCUR? (Day) (Year) (Hour) OF While at Not While INJURY Work At work 20, 195, to 5, 2, that I last saw the deceased P. m., from the causes and on the date stated above. alive on May 2, 19.57, and that death occurred at 10 SIGNATURE ADDRESS (Degree or title) DATE SIGNED DATE THEREOF NAME OF CEMETERY LOCATION (City, town, or county) 23. BURIAL, CREMATION (State) REMOVAL (Specify) 10 - 51 Louston comico o. mod DATE REC'D BY LOCAL ADDRESS REG. 5 - 9



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 332 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE COUNTY Maryland Wicomico Wicomico MARYLAND CITY (If outside corporate limits, write RURAL and | LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR OR give nearest town) (in this place) TOWN TOWN Rivalva Vrs. Pivalva STREET HOSPITAL OR (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS (Middle) 3. NAME OF (First) (Last) 4. DATE (Month) (Day) (Year) DECEASED Gardiner Taylor 10 1951 (Type or Print) Dorman DEATH Mav 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 5. SEX S. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Manths | Days | Hours | Min. Male White Aug. 9. 1906 (Specify) Married 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, evon if retired)
Automobile Mechanic INDUSTRY COUNTRY? Quantico. Md. Garage 13. FATHER'S NAME Albert S. Dorman
15. Was Decrased Ever In U.S. Armed Forces? rettie Taylor
17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of 212-10-8214 Claudia wessick Dorman service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 24 hrs. (a) Cerebral Hemorrhage Immediate cause Antecedent cause(s) Reticulum Cell. Sarcoma Retro peritoneal 4 mos. Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last c Metatasis to Brain IL OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No E PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY 21. ACCIDENT (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not Whlio INJURY Work At work 22. I hereby certify that I attended the deceased from 1 Feb. 1951 to 10 May 19.51, that I last saw the deceased alive on 10 May ......... 151 ...., and that death occurred at ...... 2:05 ... a.m., from the causes and on the date stated above. (Degree or title) DATE SIGNED SIGNATURE delan M.D. Nanticoke, Md. May 1951 STELLU CY 23. BURIAL, CREMATION REMOVAL (Specify) BURAI DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) May 12, 1951 Bivalve Church Cemetery Fivalve. | REGISTRAR'S SIGNATURE 24. EUNEBAL DIRECTOR DATE REC'D BY LOCAL ADDRESS REG. Mary " colloway Messick, Bivalve.



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE MARYLAND CITY (If cuiside corport) e limits, write RURAL and OR give nearest town LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in this place) TOWN HOSPITAL OR STREET (If rural, give loca dod) INSTITUTION OR ADDRESS STREET ADDRESS B. (Year) 3. NAME OF OFint) (Middle) (Last) 4. DATE (Month) DECEASED (Type or Print) DEATH 7. SINGLE MARRIED WIDOWED, DIVORCED, 6 COLOR OR RACE AGE last hirthday DATE OF BIRTH IIf under 24 hr er 1 vesr Months | Days Hours | Min. (Specify) 10a. USUAL OCCUPATION (Give kind of work) JOb. KIND OF LUSINESS OF 12. CITYZEN OF foreign country durant post of working life, even if retired) 13. FATHER'S NAME 15 WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ADDRESS (Yes no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION TERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH UNSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No U 21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE INJURY TIME (Month) (Day) (Year) INJURY OCCURRED (Hour) HOW DID INJURY OCCUR? While at Not While INJURY Work | 1950, to May 14, 195/, that I last saw the deceased 22. I hereby certify that I attended the deceased from alive on. and that death occurred at (Degree or title) SIGNATURE DATE SIGNED 25 BURIAL CREMATION REMOVAL (Specify) THEREOF LCCATION (City town, or county, OR CREMATORY DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR



MARGIN RESERVED FOR BINDING

(Date ree'd by registrar)

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

(1528!) Reg. Diat. No. 332

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For prowhorn infants give residence of mother)
County Williams	State Maryland County Willowed
City or town	City or town Alalisbing
How long in above place of death?	(If outside city or town) limits, write RURAL and give nearest town)
Lenemanda General Norpital	Street No. 9. 4 January (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
nesli Ellis El	leott 216-07-6294
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Widowed	2D. DATE OF DEATH. 5-1 18.5/ 21. 7:15 P
S.(b) Name of husband or wife adises Elliott	21. I CERTIFY 104 death occurred on the date above stated; that t attended deceased from
8.(c) If alive, give ageyer	Jan 1950 10 May 1 1951
7. Birth date of deceased (mo., day, yr.) Get. 30 -1883	and that I last saw h. L.V. alive on
8. AGE: Years Months Bays If tess than one day	Immediate cause of death DURATION
68hrsm	4.4
To Valithe	Due to Hy perlangue CV Descare
8. Birthplace	
1D. Usual occupation	Due to. 443
11. Industry or business Jauraday	- 93d
E 12. Name William VM. Ellis	Dither conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Hency Ellen Millips	Major fiedings of operations
14. Malden name. Hency Ellen hillifts  15. Birthplace	Date of op.
18 Informant This Carlifon Phillips	Aotopsy results
Address Hebron, Mel,	PHYSICIAN: Please voderlise the cause to which death should be charged statistically.
Buis 5-3-51	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory	Whers did injury occur?
Location Hebron, Med.	Injured at home, farm, Industry, public place (where?)
18. Funeral director C. St. Messick	Mssns of Injury Injured at work?
Address Biraly and	Quin wo have to
+ 2 1-1 The first the state of	23. SIGNATURE M. D. or other
10) -2-01 10 Mary W. Hotelline	2 10 10 land 5/2/57

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- Jan Bangaran C

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#### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05290

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	Pil,
COUNTY WICOMICO  CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside ornorate limits, write RURAL and 2)	Junnong
TOWN give negrest town bury (2 1025°)	TOWN Staten Solund	e nearest town)
INSTITUTION OR WID Penn Hotel	STREET ADDRESS Shund	~
3. NAME OF (First) (Middle)	(Last) DATE (Month)	(Day) (Year)
(Type or Print) ETNEST PUDER!	EIIIS   DEATH O	5 1951
Male White WIDOWED, DIVORCED, (Specify)	8. PATE OF BIRTH  9. AGE last birthday II under Months  yrs.	Days Hours Min.
10a. OSOAL OCCUPATION Give kind of work done during lost of working fig even if retired) INDUETY 6/10 EER	11. BIRTHPIACE (State or foreign country)	COUNTRY! OF WHAT
13. FATHER'S NAME 1 COL	14. MOTHER'S MAIDEN NAME	7.74.4.
Jam J. Ellis	anna B. Miles	
16. WAS DICEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes. 17. Wunknown) (Eugenglovengr or drives of VI4-18-680)	Timest relie	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Layonary	Thombour	Sulden
1100 /	- 000-00 000-000-000-01-0	death.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause Stating the under'ying cause last		. Approach questrous entretaines de la constitución
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No X
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Office Mdg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJULY OCCURRED   While at Not while   INJURY   In.   Work   at work	HOW DID INJURY OCCUR?	
	Auton w D Imamustica M Inquising M thousand and	from the said area
22. I certify that I took charge of the remains described obove, held on A obtoined by said Autopsy, Inspection or Inquiry, find that said decefrom: natural causes   , accident  , suicide  , homicide  ,	used died on the day stated above, and death in my	opinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
	edical Examiner; Salisbury, Mo	1. 5/5/51
23. HT SIAL. CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Spirity) 5/8/5/ VALSA PAR	RY ON CREMATORY LOCATION City town, or coun	(State)
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE REG. 5 8 51 March W. J. W. March	24. EUNERAL DIRECTOR Orhugan	ADDRESS
The state of the s	h ll a still	

BURNES V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	1
CITY (If outside corporate figults, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv.	romus
OR give nearest town lie wuy (in this place)	OR TOWN Solustway.	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 108 East lefello St.	STREET ADDRESS /// Eleraleth &	treet.
3. NAME OF O (First) (Middle) .	(Last) 4. OFTE (Month)	(Day) (Year)
(Type or Print) Robert BRITTIN	Crans DEATH 5	3 1951
5. STATUTE   SCOLOR OF RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	S. DATE OF BIRTH 9. AGE last birthday If under 1 Monch 1855 96 yrs.	Days   If under 24 hrs.   Hours   Min.
10m. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR domeduring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT
Tool captain aplain	Maryland.	COUNTRY? U.S.A.
13. FATALER'S NAME	14. MOTHER'S TAIDEN NAME	
Vorest Jainer revans	aucy roms	
15. Was Decrased Ever In U.S. Abmed Forces? 16. Social Security No. (Yes. no. puknown) (If yes, give war or dates of service)	17 Workert Weather	Salisbury
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
M. herry	ation auchers before	11.0
Immediate cause (a) Line - Myntal	as mener property	act T
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	dets v asleuralens	n
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1957, to Man 3, 1957, that I last sa	w the deceased
alive on My 3 , 195/, and that death occurred at	9.15 Km took the source and on the date of	4-1/41
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
61. M. Mich Most	takely my	5/4/5-1
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER REPOYAL (Specify) 5/5/5/	ON PLOTAL LOCATION City, town, or counts	Md (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5-5-4-1	THE WIND TO DESCRIPTION OF S	ADDRESS
- July may may	Start	xisoury

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



#### MARYLAND STATE DEPARTMENT OF HEALTH

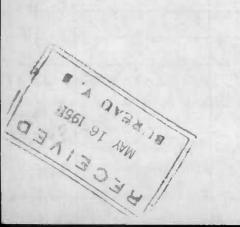
2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

IL 2 LIGHAT, DESIDENCE (HOME) OF DECEASED.

05292

COUNTY	STATE Maryland Cot	INTY wor easily
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL an	d give nearest town)
OR give nearest town) TOWN Salestruck (in this place)	TOWN Pocomoke	
HOSPITAL OR	STREET (If rural, give location	n) /
INSTITUTION OR STREET ADDRESS Peninsula General Hospital	ADDRESS	V
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) Refeat See	Flitcher DEATH May	1 10 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If w	ofer 1 year   If under 24 hrs.
Mall. Colored (Specify)	17/2010 - 1/2/   ym.	10-1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry  Industry	Solution, manufact	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	10
Robert dee Flitcher	Gladys Sara Eller Bo	acley_
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS	0 0 0
service)	mount he during form	4 resmonder
18. MEDICAL CE	RIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	ONSET AND DEATH
Immediate cause (a) semalunt		
7/6/		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Antecedent cause(s)		
	,	
Diseases or conditions, if any, (b)	<b>/</b>	
	<i></i>	
giving rise to the above cause stating the underlying cause last (c)	/	
giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	/	1
giving rise to the above cause stating the underlying cause last (c)		20. AUTOPSY?
giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY?
giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUN	Yes No 🗆
giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specily)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY		Yes No 🗆
giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specily) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUN	Yes No 🗆
giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  NOTICIDE (INJURY)		Yes No 🗆
giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	Yes No O
giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specily) PLACE (Home, farm, factory, street, OF office bidg., etc.)  1NJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR?  195, to 5-/0, 195, that I la	Yes No O
giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specily) PLACE (Home, farm, factory, street, OF office bidg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY  TIME (Month) (Day) (Year) (Hour) While at Not While INJURY OF INJURY Work At work   22. I hereby certify that I attended the deceased from Significant alive on 195, and that death occurred at Significant Indicated the statement of the	HOW DID INJURY OCCUR?  195', to 5-/0, 195/, that I is 5',40 A.m., from the causes and on the dat	Yes No ONTY) (STATE)  est saw the deceased se stated above.
giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specily) PLACE (Home, farm, factory, street, OF office bidg., etc.)  1NJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR?  195, to 5-/0, 195, that I la	Yes No O
giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specily) PLACE (Home, farm, factory, street, OF office bidg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY  TIME (Month) (Day) (Year) (Hour) While at Not While INJURY OF INJURY Work At work   22. I hereby certify that I attended the deceased from Significant alive on 195, and that death occurred at Significant Indicated the statement of the	HOW DID INJURY OCCUR?  195', to 5-/0, 195/, that I is 5',40 A.m., from the causes and on the dat	Yes No ONTY) (STATE)  est saw the deceased se stated above.
giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from Signature alive on 195 , and that death occurred at Signature M. Degree or title)	HOW DID INJURY OCCUR?  195', to 5-/0, 195/, that I is 5',40 A.m., from the causes and on the dat	St saw the deceased to stated above.  DATE SIGNED  5-90-5
giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from SIGNATURE (Degree or title)  23. GONATURE (Degree or title)	HOW DID INJURY OCCUR?  195, to 5, 10, 195, that I la  195, to F., m., from the causes and on the date  ADDRESS  RY OR CREMATORY   LOCATION (City from, or  June Horbital Schulum MA	yes No   No   (STATE)  Ist saw the deceased be stated above. DATE SIGNED    STATE   ST
giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OF INJURY  22. I hereby certify that I attended the deceased from SIGNATURE (Degree or title)  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	HOW DID INJURY OCCUR?  195, to 5, 10, 195, that I la  10, 40 A. m., from the causes and on the dat  ADDRESS  Bereal Jazz.  RY, OR CREMATORY   LOCATION (City town, or	yes No   No   (STATE)  Ist saw the deceased be stated above. DATE SIGNED    STATE   ST
giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from SIGNATURE (Degree or title)  22. SURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)  10. SAME OF CEMETE REMOVAL (Specify)	HOW DID INJURY OCCUR?  195, to 5, 10, 195, that I la  195, to F., m., from the causes and on the date  ADDRESS  RY OR CREMATORY   LOCATION (City from, or  June Horbital Schulum MA	yes No   No   No   No   No   No   No   No



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05293

# CERTIFICATE OF DEATH

1. PLACE OF DIATH-COUNTY PICONIC MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If jutaide corporate limits, write RURAL and CENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109. Bertelyn are	STREET ADDRESS 109. But they are
3. NAME OF DECEASED (First William 7)	(Last) 4-DATE (Moth) (Day) (Yearlessey DEATH May 9 - 13
6. COLOR R, RACE WIDOWED DIVORCED, OSpecify)	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 Months Days Hours Mi
10a. USUAL OCCUPATION (Give kind of work done during those of working the, even if retired)	11. BIRTHPLACE (State or foreign jountry) 12 CITIZEN OF WE
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. Was Diceased Ever In U.S. Armed Forges?   16. Social Security No. (Yes, no. of unknown)   (If year, give war or dites of service)	M. Nº 7. Hickey 1631. Euch Dat
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION Kalington O'C, INTERVAL BETWE ONSET AND DEAT
Immediate cause (a) Coronary	Louise sudde
Immediate cause  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \( \text{No} \) No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   Not Work   At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw the deceased
alive on, 19, and that death occurred at	ADDRESS no the causes and on the date stated above.  ADDRESS DATE SIGNED
Clare theshermes. Sal	cohing, rech 5/11,15
23. BURIAL OREMATION PATE 12-1951 NAME OF CEMETE	RY OR CREMATORY LOCATION (City flown, or county) (Sixte)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5-12-51 Mary W. Holloway	24. FUNEBAL DIRECTOR C. Saluty Med
	Acit 10 Hilling 1 20119



VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

05294

1. PLACE OF DEATH.			2. USUAL RESIDENCE (H	IOME) OF DECEASED COUN	JTV .
W.Co.	nuco	MARYLAND	marye	aux w	comes
CITY (If outside corpora OR give nearest toy) TOWN	te limita, write RURA	L and LENGTH OF STAY (in this place)	TOWN Maut	ate limits write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS	ningela J	eneral Hospita	2 STREET ADDRESS	(If rural, give location	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	DGER	LYNN.	GAYLE	DEATH MAN	25 1951
male 6. C	olored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday If and Mont	hs   Dave   Hours   Min.
done during most of working	N (Give kind of work   rife, even if retired)	INDUSTRY RIP 4 PAR	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY? 2.5.
13. FATHER'S NAME	(1) Stone D.	,	14. MOTHER'S MAIDEN	NAME	
15. WAS DECRASED EVER IN	U.S. ARMED FORCES?	1 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDICESS	no tick.
(Yes, no, or unknown) (If y	es, give war or dates of		auna n	rae faule	ma
- 13		18. MEDICAL CE	ERTIFICATION		
I. DISEASES OR CONDIT	TIONS DIRECTLY I	LEADING TO DEATH		V.	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral. Hemorrhage.				11. 1	
Immediate cau	se (a)	Coural. New	loverage.		I wur.
442 X Antecedent can Disease or condit giving rise to the stating the underly	ions, if any, (b)	artuo sceleratio Disease	Carblis vas	cular Rust	1 years.
II. OTHER SIGNIFICAN' Conditions contributing t related to the disease or	o the death but not				H
		INDINGS OF OPERATION			20. AUTOPSY!
					Yes   No
21. ACCIDENT (S SUICIDE HOMICIDE	PLAC OF INJU	E (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	rown) (Coun	TY) (STATE)
TIME (Month) (Day OF INJURY	Y) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	9
22. I hereby certify th		deceased from May 3.			
alive on 2.5. M.C.	y 19.5/, and	that death occurred at	ADDRESS from the	causes and on the date	stated above.
Dreland de.	Same	(20. M.D.	Danterela	. kud.	5/26/51
BURIAL, CREMATIO REMOVAL (Specify)		1951 name of CEMETE		OCATION (City, town, or ec	ounty) (State)
DATE REC'D BY LOCA REG. 5-28-5-		SIGNATUJE NOVAL	24 UNERAL DIRECTO	Rib Rio	ADDRESS
	- XVIIII	w. Jucourray	- Alines	, Was also	7 144

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The correct a PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

(15295) Reg. Dist. No. 332

1. PLACE OF DEATH- COUNTY WICOMICO  MARYLAND  CITY (If outside corporate limits, write RURAL and OR give nearest town) I is bury  IIOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen Hospital  3. NAME OF (First)  1. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY  MARYLAND  CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN POCOMOKE  STREET (If ru al give location) ADDRESS 105 Cedar St.  (In ru al give location) (Day)	
CITY (If outside corporate limits, write RURAL and give nearest town of Town Pocomoke  INSTITUTION OR STREET ADDRESS Peninsula Gen Hospital  3. NAME OF (First) (Middle) (Last) [4. DATE (Month) (Day)	
OR give nearest town lisbury in this place Town Pocomoke  IIOSPITAL OR INSTITUTION OR Peninsula Gen Hospital  3. NAME OF (First) (Middle) (Last) (Last) (A DATE (Month) (Day)	
INSTITUTION OR Peninsula Gen Hospital ADDRESS 105 Cedar St.  3. NAME OF (First) (Middle) 11 (Last)   4. DATE (Month) (Day)	1)
3. NAME OF , (First) (Middle) . # (Last)   4. DATE (Month) (Day)	1
	/
DECEASED Thomas Cecil Gilles 618 Ir DEATH 5-28	(Year)
(Type or Print) / 1017 d > Cecil Gill Gill Spil, Jr.   DEATH G	19.5
S. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED. DIVORCED.   8. DATE OF BIRTH   9. AGE last birthday   If under 1 year   Months   Days   Hour	er 24 hrs.
10s. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or 11. BIRTHPLACE (State or foreign country)	WHAT
done during most of working life, even if retired) INDUSTRY No ne Maryland	
3. FATHER'S NAME	
Thomas C. Gillespie, Sr Ella Mae Taylor	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	
Yes, no or unknown) (II yes, give was or dates of None Thomas C. Gillespie, Sr. Pocomoke	Md
18. MEDICAL CERTIFICATION	
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND	
	-
Immediate cause (a) Fractured Skull 4h	
12.5 Mandal 2006	_
Disease or conditions, if any, (b) Compound Fracture Rt Tibias Fibrila 4 h	-
n giving rise to the above cause	
stating the underlying cause last	
LOTHER SIGNIFICANT CONDITIONS	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
Conditions contributing to the death but not related to the disease or condition causing death.	SY?
Conditions contributing to the death but not related to the disease or condition causing death.	SY?
Conditions contributing to the death but not related to the disease or condition causing death.  9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTO Yes 1. EXTERNAL CAUSE WAS 1 PLAC (Home, farm, factory, street, 1 ACITY OR TOWN) (COUNTY) (STAT	No B
Conditions contributing to the death but not related to the disease or condition causing death.  9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTO Yes THE TENNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office thing etc.)	No D
Conditions contributing to the death but not related to the disease or condition causing death.  9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTO 20.	No D
Conditions contributing to the death but not related to the disease or condition causing death.  9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTO Yes   21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office Lidar etc.)  CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	No D
Conditions contributing to the death but not related to the disease or condition causing death.  9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOUT 19b. MAJOR FINDINGS OF OPERATION 20c AUTOUT 19b. MAJOR FINDINGS OF OPERATION 2	No B
Conditions contributing to the death but not related to the disease or condition causing death.  9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY FOR CONTRIBUTING OF office bling etc.)  22. AUTO Yes CONTRIBUTING OF office bling etc.)  23. It certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the event of the property of the pr	No B
Conditions contributing to the death but not related to the disease or condition causing death.    9a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTO   20. AUT	No B
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, OF office typicates) (STATE (Hour) OF office typ	No B
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, OF OFFIMARY FOR CONTRIBUTING) OF Office blackets of DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at work of Injury Occurs of Injury of Inspection of Inquiry, find that said deceased died on the day stated above, and death in my opinion refrom: natural causes , accident , suicide , homicide , undetermined .  SIGNATURE  20. AUTO  Yes  COUNTY) (STAT  OCOM, OKE  HOW DID INJURY OCCUR?  While at work of Inspection , Inquiry thereon and from the evolution of Inquiry, find that said deceased died on the day stated above, and death in my opinion refrom: natural causes , accident , suicide , homicide , undetermined .  SIGNATURE  DATE SI	No Be
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PLACE Thome, farm, factory, street, OF OF OFFICE Edit etc. 2 COM, o Ke. WILLIAM OF OFFICE Edit etc. 2 COM, o Ke. WILLIAM	dence milted
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOUT 19b. MAJOR FINDINGS OF OPERATION 20. AUTOUT 19b. MAJOR FINDINGS OF OPERATION 20. AUTOUT 19b. MAJOR FINDINGS OF OPERATION 20. AUTOUT 19b. MAJOR FINDINGS OF OPERATION 20. AUTOUT 19b. MAJOR FINDINGS OF OPERATION 20. AUTOUT 19b. MAJOR FINDINGS OF OPERATION 20. AUTOUT 19b. MAJOR FINDINGS OF OPERATION 20. AUTOUT 19b. MAJOR FINDINGS OF OPERATION 20. AUTOUT 19b. MAJOR FINDINGS OF OPERATION 20. AUTOUT 19b. MAJOR FINDINGS OF OPERATION 20. AUTOUT 19b. MAJOR FINDINGS OF OPERATION 20. AUTOUT 19b. MAJOR FINDINGS OF OPERATION 20. AUTOUT 19b. MAJOR FINDINGS OF OPERATION 20. AUTOUT 19b. MAJOR FINDINGS OF OPERATION 20. AUTOUT	No B
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, OC on, o ke. Wishers Work (COUNTY) (STATE PRIMARY WOR CONTRIBUTING) OF office bling etc. 2.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Work 1 at work 1 work 2 work 3 to unit of the every obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion reform: natural causes accident 2, suicide homicide nondetermined SIGNATURE (Degree or title) ADDRESS  3 BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR SAEMATORY LOCATION (City, town, or county) (STATE SIGNATURE) ADDRESS  1 NAME OF CEMETERY OR SAEMATORY LOCATION (City, town, or county) (STATE SIGNATURE) (Specify) 6/1/51 Hall's Hill Baptist Poomoke, Md.	dence milled GNED
related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTO  21. EXTERNAL CAUSE WAS PRIMARY VOR CONTRIBUTING OF office thing etc.) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OF OFFICE Work OF OPERATION  21. External Cause was Place (Hour) OF office thing etc.) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work OF OPERATION  22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry   thereon and from the even obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion reform: natural causes , accident , suicide , homicide , undelermined .  SIGNATURE  (Degree or title) ADDRESS  DATE SI  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR ORDINATORY LOCATION (City, town, or county) (S)	dence milled GNED



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 1332

OBAT IN TOTAL	E OI DENTIN	Reg. Dist. No.
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) O	
	STATE maryla	ed County smerset
CITY (If outsidy corporate limits, write RURAL and OR give negreet town) TOWN  MARYLAND  OR give negreet town)	OR TOWN	vrite RURAL and give negrest town)
HOSPITAL OR INSTITUTION OF MARKET MURSING NOW	STREET ADDRESS	rural, give location)
3. NAME OF DECEASED (Middle) (Middle) (Type or Print)	Cheen 4. DAT OF DEA	TH MAY 7 195
5. SEX 6. COLOR BERICE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Spate of BIRTH 19. AGE IS	3 yrs. Months Days Hours Min.
10st USOAL OCCUPATION (Give kind of work done during most st working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign c	ountry) 12. CITIZEN OF WHAT COUNTRY
71 Tellian Green	14. MOTHER'S MAIDEN NAME	7
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or upthism) yell yes, give war or dates of Month Service)	17. INFORMANT AND ADDRESS	dans
18. MEDICAL CI	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1122 1 20	ONSET AND DEATE
Immediate cause (a) Urlludl	o receive and	
33   XAntecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	electrio !	
830 stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN)	(COUNTY) (STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		,
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work Atwork	HOW DID INJURY OCCUR?	
22. I hereby sertify that I attended the deceased from	7 195/, to Mu 7 , 19.	that I last saw the deceased.
	9508 m., from the causes a	and on the date stated above.
Carried (Leaser MD)	203 & Church	& Salesty lul
23. BURLOL CREMATION DATE THEREOF NAME OF CEMET	Cemetery Livel	kestell somered Nd.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5-8-57 Maxwell Howay	Lukward C	overetan ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

BUREAU V. S.

VS. A15



in with

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

337

115297

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY WERMILED MARYLAND	STATE MOLINA COUNTY OMERCE
CITY (If outside corporate limits, write RURAL and LENGTH OF ST. OR give nearest tows) (in this place)	OR OR
HOGDITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Rejusula General Hospital	STREET (If rural, give location)
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED (Type or Print)	Hall. DEATH May 3 1957
5-SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	S. DATE OF BIRTH   9. AGE just birthday   If whder I year (If under 24 hr)
Temale White WIDOWED, DIVORCEI	Qual4 1884 66 yrs. More Hours Min.
done during most of working life, even if retired) INDUSTRY	OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Adopte during most by working life, even if retired) INDUSTRY LELLING DENNING Veacher  13. FATHER'S NAME	The street of th
	14. MOTHER'S MAIDEN NAME D
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND, ADDRESS
(Yes, no, or unknown)   (If yes, give war or dates of	Thus Ship and Alberts
(service)	CERTIFICATION WOUSEN WALL CONSCIENT MA
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a) // felastate	c Carcinoma of dung Topus
Antecedent cause(s)	DD 41 0 2
Diseases or conditions, if any, giving rise to the above cause	of Oreast Syra.
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	bratic Heart Mesease
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
	Yes No []
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	eet, (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
22. I hereby certify that I attended the deceased from	9, 15, to May 3, 195, that I last saw the deceased
Maria 1	±~
alive of the first of the state	t
Werit J. Almore M. D.	Lalesbury Md. May 3, 1951
23. BURIAL CREMATION DATE THEREOF NAME OF CEMIN REMOVAL (Specify) 5-5-5-/	GENERATORY LOCATION (City, town, of country) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS
REG. 5-4-51 Maryll Hollowa	y Coving ton uneral Homo Cristield Ind
	1 1099.018

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

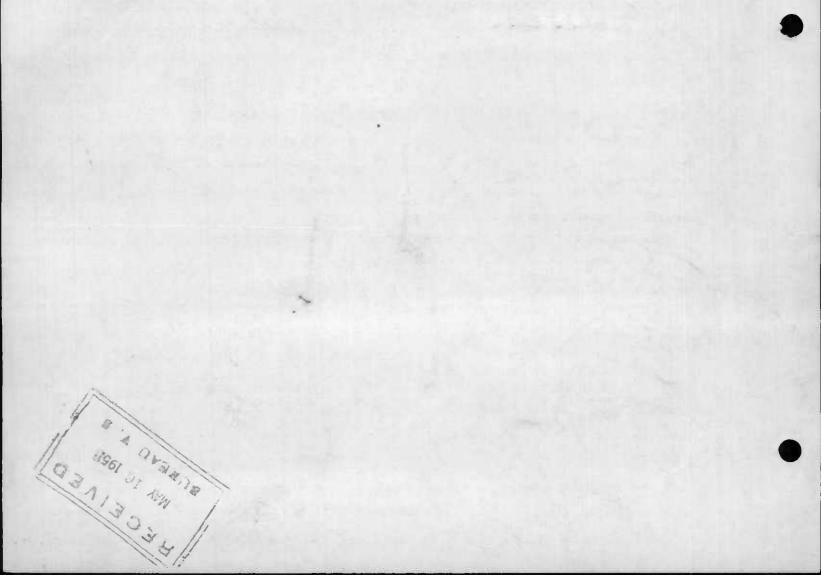
820105

	neg. Dist.	110. W. W. Z. C
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	-
COUNTY WICOMICS MARYLAND	STATE	TY
CITY (If outside proprate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and	give nearest town)
OR give neared town) (in this place)	TOWN TOWN	
HOSPITAL OR	STREET (If ru'al give location)	-
INSTITUTION OR D. A COLL THE L.	DDRESS	,/
STREET ADDRESS Teneral Tonical Vision		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) 10 An 9	17 a V 9/3   DEATH 2	13 1951
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last birtbday   If und	er I year ilf under 24 hrs.
Male (al WIDOWED, DIVORCED, OSpecify) Marie	may 5-1911 40 yrs. Month	hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRCHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Princey armie Summeration	COUNTRY?
13. FATHER'S NAMED	14. MOTHER'S MAIDEN NAME	usu
and the same of th	Assorti Has	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	1 17. ONFORMANT	1
(Yes, no, or unknown)   (If yes, give war or dates of	(00:	
laervice)	fullem dina	
18. MEDICAL CE	RTIFICATION	Tarantana Damenana
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
$\mathcal{L}$	D 1	0
Immediate cause (8) Mellionary	1 thomasis	12 hours
X/6.5	1.	
Diseases or conditions, if any, (b) Fracture	mbs - milliple	
1700 giving rise to the above cause		
stating the underlying cause last	18 Radio	
(c) Laure &	gr & records	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	130000	
related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
none		Yes A No 🗆
21. EXTERNAL CAUSE WAS   PLAC (Home, farm, factory, street,	(CITY OR TOWN), (COUNT	
PRIMARY FOR CONTRIBUTING OF office lidg., etc.	no Fruitland wises	2.
CAUSE OF DEATH. INJURY AUGUST OF TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	-0 170-1
OF MINE NAME OF THE PARTY OF TH	2//	
INJURY 5 /2 5//8pm.   Work   at work	2 car collision	
22. I certify that I took charge of the remains described above, held an A	Internal The Improvedient A - Invariant to the answer	d form the mider
obtained by said Autopsy, Inspection or Juquiry, find that said dece	and died on the day stated above and douth in m	a from the evidence
fram: natural causes , accident , suicide , homicide ,	undetermined \(\sigma\).	y opinion resuited
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
PARC 1 1	2 No ples Jalestung le	A c/11/2,
Fortademaly M.D. 50	I vopen oursely	7 7/14/2/
	RY OR CREMATORY   LOCATION (City, town, or co	unty) (State)
REMOVAL (Specify)		A special section of
134 44 A X MAY 20.51 RAMBOAL	ame de meast among	Samuel Mi
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Juna May 20.71 Princess		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

05299

Comparison   Com	CERTIFICAT	E OF DEATH Reg. Dist. No.	o. 034
MICONICO   MARYLAND   MARYLAND   CITY (If outside corporate limits, write RURAL and   ENOTHE OF STAY   CITY (If outside corporate limits, write RURAL and give nearest town)   TOWN   City on nearest 201   SDUTY   CITY (If outside corporate limits, write RURAL and give nearest town)   TOWN   Salisbury   STREET   CITY (If outside corporate limits, write RURAL and give nearest town)   TOWN   Salisbury   STREET   CITY (If outside corporate limits, write RURAL and give nearest town)   TOWN   Salisbury   STREET   CITY (If outside corporate limits, write RURAL and give nearest town)   TOWN   Salisbury   STREET   CITY (If outside corporate limits, write RURAL and give nearest town)   TOWN   Salisbury   STREET   CITY (If outside corporate limits, write RURAL and give nearest town)   TOWN   Salisbury   STREET   CITY (If outside corporate limits, write RURAL and give nearest town)   TOWN   Salisbury   STREET   CITY (If outside corporate limits, write RURAL and give nearest town)   TOWN   Salisbury   STREET   CITY (If outside corporate limits, write RURAL and give nearest town)   TOWN   Salisbury   STREET   CITY (If outside corporate limits, write RURAL and give nearest town)   TOWN   Salisbury   STREET   CITY (If outside corporate limits, write RURAL and give nearest town)   TOWN   Salisbury   STREET   CITY (If outside corporate limits, write RURAL and give nearest town)   TOWN   Salisbury   CITY of TOWN   Salisbury   STREET   CALL   CALL   CALL   CITY   CIT			
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN TOWN TOWN SALISBURY ROSPITAL OR ROSPITA		Maryland Wicomic	Y
HOSPITAL OR INSTITUTION OR Peninsula General Hospital  3. NAME OF (First) (Madds)  3. NAME OF (Type or Purint)  3. NAME OF (Type or Purint)  4. DATE (Month)  5. SEX  5. COLOR OR RACE  7. SINGLE, MARRIED, S. DATE OF BIRTH  9. AGE last birthday Hunder Lyper Hours  11-15-1894  5. SEX  10-10-1894  10-11-15-18	CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits write RUDAL and cl	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 222 Lake St.  3. NAME OF OF ORDING COUNTY OF STREET ADDRESS 222 Lake St.  4. DATE (Month) Street (Month) OF ORDING COUNTY OF STREET ADDRESS 222 Lake St.  5. NAME OF OF OTHER OF ORDING COUNTY OF STREET (Month) OF OTHER OF STREET ADDRESS 222 Lake St.  5. NAME OF OF OTHER OTHER OF OTHER OTH	Town Salisbury 12 yrs	TOWN Salisbury	
STREET ADDRESS Poningula General Hospital   222 Lake St.  S. NAME OF DECRASED   10   10   10   10   10   10   10   1	HOSPITAL OR		
DECRASED OF Print) OF OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not stated the deceased from the survey of the sur	STREET ADDRESS Peninsula General Hospital	ADDRESS 222 Lake St.	
Comparison   Com			(Day) (Year)
Male    S. EX   6. COLOR OR RACE   7. SINGLE, MARRIED.   WIDDWELL ALWEST   1. S. DATE OF BIRTH   9. AGE last birthday   Munder   year   Hunder   Male   1. Sec.   1. S		Jav OF DEATH 5 -	
Male  A. Mogham Days Hours    Day   State   Description   Days	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.		l year ilf under 24 hr
10s. USUAL OCCUPATION (Give kind of work of done during must, dworking life, even if retired)   10s. Kind of Business or   11. EIRTHPLACE (State or foreign country)   12. Cittzen of T. CONTRY U. S.   13. FATHER'S NAME   14. MOTHER'S MADE   14. MOTHER'S MADE   15. WAS DECLEASE BYER IN U.S. ARREO FORCEST   16. SOCIAL SECURITY NO.   17. INFORMANT AND ADDRESS   18. MEDICAL CERTIFICATION   19. MAJOR FINDINGS OF OPERATION   19. MAJOR FUNDINGS OF OPERATION	Male A. A. WIDOWED CONCED.	Months	Days Hours Min
Antecedent cause (a)  In Other Stands of Operation of Ope	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR		
13. FATHER'S NAME  Charles Jay  15. Was Decrased Ever in U.S. Armed Forces? (Yes, no, or interest)  16. Social Security No.  215-16-3227 In. Interest Harten  17. Informant And Address  Wrs. Lethia Ryan, 222 Lake St. Salisbury,  18. MEDICAL CERTIFICATION  Interest Lake St. Salisbury,  19. Antecedent cause (s)  Diseases or conditions, if any, giving rise to the above cause stated the underlying cause last.  19. Disease or conditions on the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition contributing to the death but not related to the disease or condition cause last.  19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specity)  PLACE (Home, farm, factory, street, product of the disease of condition cause)  While at Not While at Interest of the deceased from the death observed at 1.0 mm, from the causes and on the date stated above.  22. I hareby certify that I attended the deeth occurred at 1.0 mm, from the causes and on the date stated above.  23. BURNAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or cought)  24. DATE REPORT BY LOCAL REGISTRAR'S SIGNATURE, 22. FUNERAL DIRECTOR ADDRESS  25. BURNAL, CREMATION ADDRESS  26. DATE REPORT BY LOCAL REGISTRAR'S SIGNATURE, 22. FUNERAL DIRECTOR ADDRESS	done during most of working life, even if retired) INDUSTRY Laborer Laborer	Aiken, Aiken Co. South Caroline	COUNTRY! U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, on pulmown) [Ures, give way or dates of service)  16. SOCIAL SECURITY NO.  215-16-3227 Mrs. Lethia Ryan, 222 Lake St. Salisbury,  18. MEDICAL CERTIFICATION  INTERVAL BETTONE AND D  INTERVAL BETTONE  OR ALL AND D  INTERVAL BETTONE AND D  INTERVAL BETTONE  ONE	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.0.20
15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, on pulmown) [Ures, give way or dates of service)  16. SOCIAL SECURITY NO.  215-16-3227 Mrs. Lethia Ryan, 222 Lake St. Salisbury,  18. MEDICAL CERTIFICATION  INTERVAL BETTONE AND D  INTERVAL BETTONE  OR ALL AND D  INTERVAL BETTONE AND D  INTERVAL BETTONE  ONE	Charles Jav	Hester Harten	
Interview of cause of the property of the control of the cause of the control of the cause of th	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a)  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contribuding to the death but not related to the disease or condition causing death.  18a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) OF office bidg, etc.) INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF ROMICIDE  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF At work   How DID INJURY OCCUR?  OF OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   How DID INJURY OCCUR?  OF ONE AND DEATH OF COUNTY   STATE)  OF ONE AND DEATH OF COUNTY   COUNTY   COUNTY    INJURY   How DID INJURY OCCUR?  OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   How DID INJURY OCCUR?  OF ONE AND DEATH OF COUNTY   COUNTY   COUNTY    OF OFFICE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    22. I hereby certify that I attended the deceased from the date of the causes and on the date stated above. SIGNATURE   19b. ADDRESS   DATE SIGNATURE    23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOGATION (City, town, or copyr)   CState REMOVAL Specify   5-16-51   NAME OF CEMETERY OR CREMATORY   LOGATION (City, town, or copyr)   CState REMOVAL Specify   5-16-51   NAME OF CEMETERY OR CREMATORY   LOGATION (City, town, or copyr)   CState REMOVAL Specify   5-16-51   NAME OF CEMETERY OR CREMATORY   LOGATION (City, town, or copyr)   CState REMOVAL Specify   5-16-51   NAME OF CEMETERY OR CREMATORY   LOGATION (City, town, or copyr)   CState REMOVAL Specify   5-16-51   NAME OF CEMETERY OR CREMATORY   LOGATION (City, town, or copyr)   CState REMOVAL Specify   5-16-51   NAME OF CEMETERY OR CREMATORY   LOGATION (City, town, or copyr)   CState REMOVAL Specify   5-16-51   NAME OF CEMETERY OR CREMATORY   LOGATION (City, town, or copyr)   CState Removal Date Report of Copyr   CALVERT   CALVERT   CALVERT   CALVERT   CALVERT   CALVERT   CALVERT   CALVERT	No service) No 215-16-3227		alichmer M
Immediate cause  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but now related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) SUICIDE (OF office bidg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (STATE)  OF office bidg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While (Degree or title)  22. I hereb) certify that I attended the deceased from At work  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY (City, town, or copyly) (State REMOVAL (Specify) Surface)  BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY (City, town, or copyly) (State REMOVAL (Specify) Surface)  ADDRESS			THE POWER OF THE
Immediate cause  Antecedent cause (a)  Antecedent cause (b)  Disease or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but now related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)  SUCCIDE (Home, farm, factory, street, SUCCIDE (Home) office bidg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (F)  OF (INJURY)  22. I hereby certify that I attended the deceased from At work  23. BURIAL, CREMATION (DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or copyby) (State Regord by Local Engineers)  BURIAL, CREMATION (DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or copyby) (State Regord by Local Engineers)  BURIAL, CREMATION (DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or copyby) (State Regord by Local Engineers)  BURIAL, CREMATION (Lity, town, or copyby) (State Regord by Local Engineers)  BURIAL (RECORD by Local Engineers)  BURIAL (RECORD by Local Engineers)  ADDRESS  ADDRESS  ADDRESS  ADDRESS	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not causing death.  18a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY   20. AUTOPSY		1 / / .	UNBET AND DEATH
Disease or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OCCURRED While at Not While INJURY OCCURRED While at Not While Work At work DATE SIGNATURE (Degree or title)  22. I hereby certify that I attended the deceased from At work DATE SIGNATURE (Degree or title)  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or copyly) (State Removal, Specify) 5-16-51 Mt. Calvary Cemetery Fruitland, Wicomico Co. Md. DATE RECO BY LOCAL REGISTRAR'S SIGNATURE (22. FUNERAL DIRECTOR)  ADDRESS	Immediate cause (a)	A / Womboses	1 month
Disease or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY Yes   N  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   How DID INJURY OCCUR?  OF OF ON While at Not while work   At work   At work    22. I hereby certify that I attended the deceased from the deceased from the causes and on the date stated above. OF OR	9611		
giving rise to the above cause at the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (INJURY)  TIME (Month) (Day) (Year) (Hour) While at Not While Not While at Not While at Not While INJURY  22. I hereby certify that I attended the deceased from 24, 195, 195, that I last saw the decease alive of Alvork 195, and that death occurred at 1, 105, m., from the causes and on the date stated above. SIGNATURE  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county)  BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county)  BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county)  BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county)  BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county)  BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county)  BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county)  BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county)  BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county)  BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county)  BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county)  BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county)  BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY Yes   N  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF INJURY   Not While at Work   ADDRESS	giving rise to the above cause	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY Yes   N  21. ACCIDENT SUICIDE HOMICIDE INJURY   PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY   OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Mork   At work   How DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from At work   At work   At work   At work   ADDRESS    23. BURIAL, CREWATION   DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or couply) (State REMOVAL Specify)   5-16-51   Mt. Calvary Cemetery   Fruitland, Wicomico Co. Md. DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   24. FUNERAL DIRECTOR   ADDRESS   ADDR			
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY   Yes   N  21. ACCIDENT   SUICIDE   OF office bldg., etc.)   INJURY   (CITY OR TOWN)   (COUNTY)   (STATE)    22. ACCIDENT   SUICIDE   INJURY   (Hour)   INJURY OCCURRED   OF INJURY   (Month)   (Day)   (Year)   (Hour)   (Ho		12/11	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (HOMICIDE INJURY) (COUNTY) (STATE)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While INJURY) (Hour) While at Not While INJURY) (Hour) While at Not While INJURY) (Hour) INJURY (Hour) INJURY (Hour) INJURY (Hour) INJURY) (How DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from 129, 195, 195, 195, that I last saw the decease alive on 13, 195, and that death occurred at 1, 100, m., from the causes and on the date stated above. (Degree or title)	Conditions contributing to the death but not leaved Terror	is dustem taplific	6 month
21. ACCIDENT SUICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I herebi certify that I attended the deceased from At work   23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county)  BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county)  BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county)  BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county)  BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county)  BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY Fruitland, Wicomico Co. Md. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	- A SA	1 20. AUTOPSY?
21. ACCIDENT SUICIDE OF office bldg., etc.) SUICIDE HOMICIDE  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While At work At work ADDRESS  22. I hereby certify that I attended the deceased from Address and on the date stated above. (Decree or title)  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or coughy) (State Burial Specify)  24. FUNERAL DIRECTOR ADDRESS  DATE SIGNATURE  25. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or coughy) (State Burial Specify)  DATE RECO BY LOCAL REGISTRAR'S SIGNATURE (24. FUNERAL DIRECTOR ADDRESS			\
SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I herebi certify that I attended the deceased from 1. 195., 195., 195., that I last saw the decease alive of 1. 195., and that death occurred at 1. 10	21. ACCIDENT (Specify) 1 PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) While at Not While Not While at Not While at Not While at Not While at Not While Not While at Not While Not While at Not While Not While At work 24, 195, 195, that I last saw the decease alive of the stated above.  22. I hereby certify that I attended the deceased from the causes and on the date stated above. Signature (Decree or title) Address  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or cough) (State Burial Specify) S-16-51 Mt. Calvary Cemetery Fruitland, Wicomico Co. Md. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (24. FUNERAL DIRECTOR ADDRESS	SUICIDE OF office bldg., etc.)	(0001111)	(0174,12)
OF INJURY  m. While at Work Not While At work 21, 195, 195, 195, that I last saw the decease alive of the stated above.  ADDRESS  22. I herebi certify that I attended the deceased from 21, 195, 195, 195, that I last saw the decease alive of the stated above.  SIGNATURE  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county) (State Burial Specify)  Burial Specify 5-16-51 Mt. Calvary Cemetery Fruitland, Wicomico Co. Md.  DATE REC D BY LOCAL REGISTRAR'S SIGNATURE 22. FUNERAL DIRECTOR ADDRESS		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 29, 195, 195, 195, that I last saw the decease alive of 29, 195, and that death occurred at 7, 10, m., from the causes and on the date stated above.  SIGNATURE  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or cough) (State Buria)  DATE SIGNATURE  24. FUNERAL DIRECTOR ADDRESS	OF While at Not While		
alive of 13 195, and that death occurred at 7. 10 Pmm, from the causes and on the date stated above.  SIGNATURE  (Degree or title)  ADDRESS  DATE SIGN  May 14 19  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town, or county) (State REMOVAL (Specify)  DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 22. FUNERAL DIRECTOR  ADDRESS  ADDRESS	INSURI	a college in 171	
alive of	22. I hereby certify that I attended the deceased from the	7. 195 / 1801 og 13. 195 / that I last a	aw the deceased
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  Burial, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State Burial Date Record By Local Registrar's Signature)  DATE RECORD BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS  DATE SIGN  County (City, town, or county) (State Burial Date Record By Local Registrar's Signature)  25. FUNERAL DIRECTOR  ADDRESS	1/14	14.0	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or cough) (State Burial) 5-16-51 Mt. Calvary Cemetery Fruitland, Wicomico Co. Md. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS			
Buris 5-16-51 Mt. Calvary Cemetery Fruitland, Wicomico Co. Md.  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	SIGNATURE OF CITAL	ADDRESS . Len Q	DATE SIGNED
Buris 5-16-51 Mt. Calvary Cemetery Fruitland, Wicomico Co. Md.  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	Mind & Hellione M.D.	Jaussy Mrs. Ma	9/4/951
Buris 5-16-51 Mt. Calvary Cemetery Fruitland, Wicomico Co. Md.  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or cound	(State)
DATE REC D BY LOCAL LEEGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	REMOVAL (Specify)	C	
REG. 5-15-51 Mary W. Holloway James 13. Dashiell Solishing in	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE		ADDRESS
The state of the s	REG. 5-15-5-1 Mary W. Holloway	Janes 13 Dant 00 8 - 0.	Lune lead
		Transis Corner Crock	, Mad.
970000		9700	1000

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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2411 N. Charles Street, Baltimore

05300

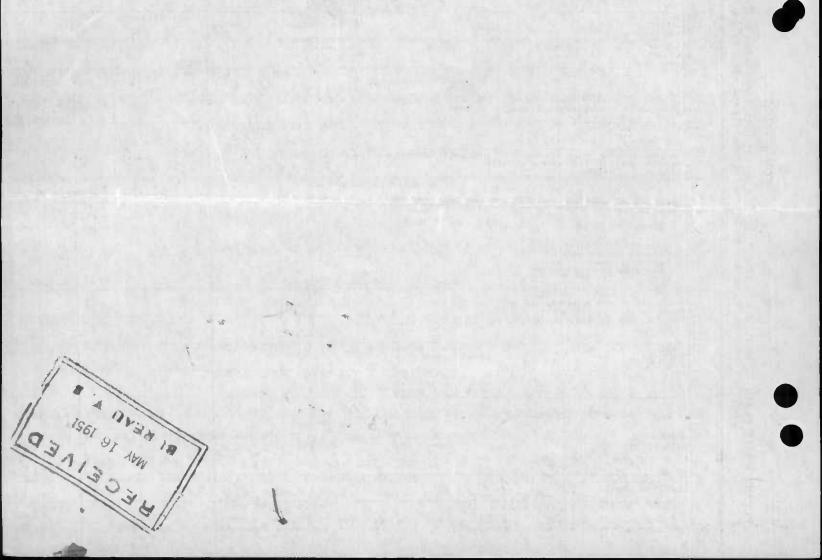
		CERTIFICAT	E OF DEAT	'H Re	g. Dist. No. 332	***********
1. PLACE OF DEATH	8		2. USUAL RESIDENCE (	HOME) OF DECEA		
COUNTY WEG	ruceo	MARYLAND	STATE mary	such	COUNTY	
CITY (If outside corr	orate limits, write RUR	AL and   LENGTH OF STAY	CITY (If outside cofpor	ate limits, write RU	RAL and give nearest town	n)
OR give nearest to	Dalisu	(reg fin this place)	OR TOWN Ball	timore		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Seer's flee	de Sale	STREET ADDRESS / 80 5	(If rural, give	location) West St.	/
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE	Month) (Day)	(Year)
(Type or Print)	sene		Venney	OF DEATH	ray 11	19,57
5. SEX	COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Que. 4, 1918	9. AGE last birthds		er 24 hrs. Min.
done during most of wor	king life, even If retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAME	Time		14. MOTHER'S MAIDEN	NAME',		
arall	renny		may YE	ennea	w	
15. WAS DECRASED EVER (Yes, no, or unknown)	If yes, give war or dates o	? 16. SOCIAL SECURITY NO.	17. INFORMANT, AND	ADDRESS	a	
		18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CON	DITIONS DIRECTLY	LEADING TO DEATH			INTERVAL B	
	1	Ilness.: -				
Immediate of	ause (a)	verna.		•••••	Wels	W.
59 2 X Antecedent	ditions, if any, (b)	Kypertensive	cardio Has	railar de	seare 5 ye	ass
13 a giving rise to t	erlying cause last	Pravie ues	chritis		11/2-100	2 Au
II. OTHER SIGNIFICA Conditions contribution		ih.			1	
		FINDINGS OF OPERATION			20. AUTOP	PSY?
					Yes [	№ П
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	rown)	(COUNTY) (STAT)	
TIME (Month) (	Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?		
OF INJURY	m.	While at Not While Work At work				
		4 . 0	10. C. M.	11 [		
22. I hereby certify	that I attended the	e deceased from Grack	19.2/., to 19.2/	//, 19.2./., the	at I last saw the dece	eased
alive on Ma	4 // 195/ an	d that death occurred at	12-15 P.m. from the	causes and on t	he date stated above.	
SIGNATURE /	, xo, an	(Degree or title)	ADDRESS	10	DATE SIC	GNED
Coroll.	l'agn	m.D. Deer's	Hered Stalot	trop sale	cobeing pred -1	1/57
23. BURIAL CREMAT REMOVAL (Specify	TON DATE THERE	OF NAME OF CEMETE	RY OR CREMITORY	CATION (City) to	wa, or county)	tate)
	11/100917	SIGNATURE	24. FUNERAL DIRECTO	I will	ADDRESS	1
DATE REC'D BY LO	Mary	U. Holloway	Helm	974.1	Salutur	Ad
			Walter 1	7. Hil	emosil	VVVV

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-
COUNTY WICOMIA MARYLAND	STATE Maryland Wicomico
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside sprporate limits, write RURAL and give nearest town)
OR give nearest town) 5 lis bucy. (in this place)	TOWN Julis bury.
HOSPITAL OR	STREET (I rural, give location)
STREET ADDRESS Tenin sula general popital	ADDRESS 205 Delaware 2t.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED	OF
(Type or Print)  6. SEX  6. COLOR OR RACE   7. SINGLE, MARRIED,	I S DATE OF RIPTH 10 ACE last birthday I If under I were If under Of ber
WIDOWED, DIVORCED.	Months ( Down   Women ( No.
10m. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	C ( COUNTRY? 7/ 5 A
13. FATHER'S NAME	1 Mincess, Unna Demerkit Co. 114 U.D. A
TVO	A 1 11
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no. or unknown) ! (If yes, give war or dates of	
700 (service) 710 (217-30-8/39	Mrs. Robert Johnson 205 Nalamost Sale, No
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
(A) (1)	8 delen
Immediate cause (a)	T Comments with the state of th
2/4X Antecedent cause(s)	// 0000
Diseases or conditions, if any, (b)	of Mones parce yes
giving rise to the above cause	7/
56 b stating the underlying cause last	
56 L stating the underlying cause last (c)	
56 5 stating the underlying cause last (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
56 L stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS	L 20. AUTOPSY?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	20. AUTOPSY?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes No 🖸
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF While at Not While	Yes No 🖸
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUNTY) (STATE)
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.    19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION     21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bldg., etc.)   INJURY	(CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY   INJURY   OCCURRED OF OFFINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OFFINDINGS OF OPERATION   INJURY   INJURY OCCURRED OFFINDINGS OF OPERATION    22. I hereby certify that I attended the deceased from   INJURY   INJURY	(CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR? , 19.7, to
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF INJURY   Work   At	HOW DID INJURY OCCUR?  1957, to
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY   INJURY   OCCURRED OF OFFINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OFFINDINGS OF OPERATION   INJURY   INJURY OCCURRED OFFINDINGS OF OPERATION    22. I hereby certify that I attended the deceased from   INJURY   INJURY	HOW DID INJURY OCCUR?  1957, to
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF INJURY   Work   At	(CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR?  1957, to
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While Work At work   22. I hereby certify that I attended the deceased from 199 At work   alive on 199, 1957, and that death occurred at SIGNATURE. (Degree or title)	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  19.7, to
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE (OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While Work At work 1)  22. I hereby certify that I attended the deceased from (Degree or title)  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE (REMOVAL (Specify))	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  19.7., to
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from Mork At work alive on 199. 1957, and that death occurred at SIGNATURE (Degree or title)  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 5-23-51 Weaping Mary	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  1947., to
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE (OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While Work At work 1)  22. I hereby certify that I attended the deceased from (Degree or title)  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE (REMOVAL (Specify))	HOW DID INJURY OCCUR?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work   22. I hereby certify that I attended the deceased from (Degree or title)  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 5-23-'51 Wearny Mary DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  1947., to

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05302

#### CERTIFICATE OF DEATH

Reg. Dist. No. 333

COUNTY // / AA	STATE COUNTY
MARYLAND MARYLAND	STATE Mariland COUNTY USCO
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR TOWN Give nearest for Washing (13 Chis place)	TOWN HILLS KULLEN
HOSPITAL OR	STREET (If rup give location)
INSTITUTION OR STREET ADDRESS Camber ave.	ADDRESS Climater ave.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) MARY BELLA	Johnson DEATH 5 7 195
6. COLOR OF RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE Jast hirthday   If under 1 year   If under 24 hrs
Demple white WIDOWED, DIVORCED,	DEC. 15, 1867 83 yrs.   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work does in ing most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITEZEN OF WHAT
13. FATHER'S NAME	manyany 9.0.4.
(laling) . Hample harles	14. MOTHER'S MAIDEN NAMED
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, Torunknown) (If yes, give war or dates of	Des Johnson W
18. MEDICAL CEI	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
7/20 2 9	Gand Dissens Yorking
Immediate cause (a)	
527,2 Antecedent cause(s) 9/1	o Time to grand
Diseases or conditions, if any, (b)	activity respondent to
92 d giving rise to the above cause last	
(c) priemo	Deleroses Vich
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	Yes No (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
INJURI III. I WORL I AL WORL	11/1/1/1/2
22. I hereby certify that I attended the deceased from	, 197, to to 192, that I last saw the deceased
man 7 ms	-30_//
alive of the signature	ADDRESS DATE SIGNED
SIGNATURE	ADDRESS DATE SIGNED
Here K Man Mis	Stales by 1111 11
23. BORIAL CREMATION DATE THEREOF NAME OF CEMETER	LY OR CREMATORY LOCAL CONTROL (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	mung me.
REG. 5 8 E MA A LONGIN	24. EUNERAL DIRECTOR ADDRESS
- 1015 mary w. processing	ou rue primerno.
	Rivia C. They"

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MAY 10 1951

BUREAU V. S.

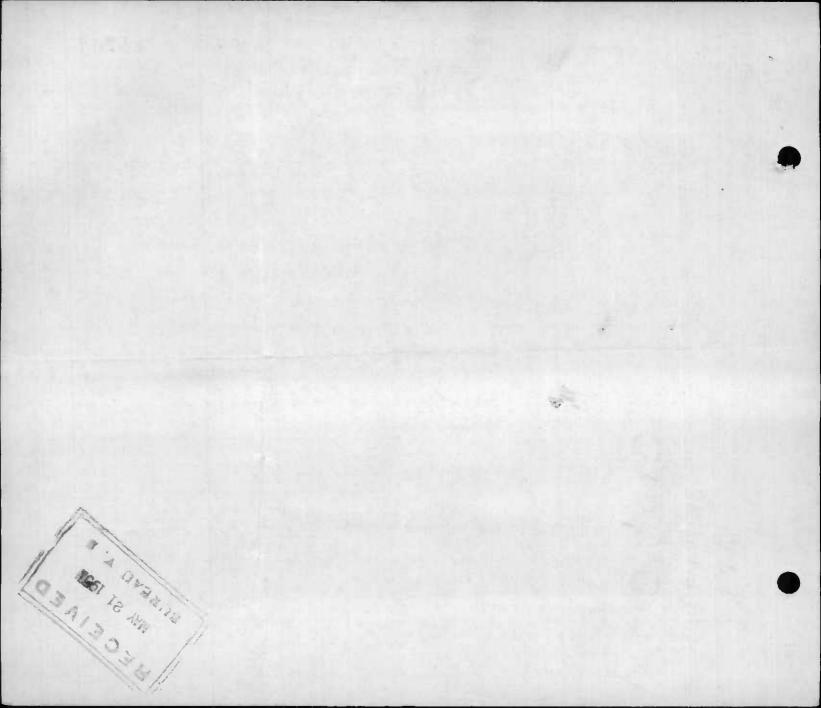
#### MARYLAND STATE DEPARTMENT OF HEALTH

05303

## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

eg. Dist. No. 332

/		· · · · · · · · · · · · · · · · · · ·
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Υ /
CITY (If outside corporate limits write RURAL and LENGTH OF STAY OR give negrest town) (In this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR	TOWN STREET (If ru'al give location)	
STREET ADDRESSMINSULA GENERAL HOSPITA	ADDRESS	
	Johnson 4. DATE (Month) OF DEATH 5	(Day) (Year) 16 195
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) & phanning	8. DATE OF BIRTH 9. AGE last birthday If under Months	I year   If under 24 hrs   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during from of working life, even if retired)  INDUSTRY		2. CITIZEN OF WHAT
13. FATHER'S NAME JAhus on	14. MOTHER'S MAIDEN NAME Ballan	1
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no, or unknown) fif yes, give war or dates of levrice)	17 INFORMANT Johns on Jako	too
18. MEDICAL CE	RYFICATION /	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Shock and In	Menundage	6 thomas
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	Bladder	6 hus
stating the underlying cause last	pelves	6 kms
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION S 15 5 1	y Introduct Henry	Yes No A
PRIMARY FOR CONTRIBUTING Office Identity, factory, street, OF office Identity, Indiana.	Saluly were	(STATE)
TIME (Month) (Day) (Year) (Hour) INJULY OCCURRED While at Work at work	morline fell our on him	`
22. I certify that I took charge of the remains described above, held an A	autopsy . Inspection Inquiry Intereon and	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said december from: natural causes [], accident [], suicide [], homicide [], SIGNATURE (Degree or title)	undetermined	DATE SIGNED
fakodenaher MO 502	no Mis Jolishy Mid	5/16/51
23. RIIRIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 3-19-37 Weal Island	RY OR CREMATORY LOCATION (City, town, or cour	d (State)
DATE REC'D BY LOCAL LREGISTRAR'S SIGNATURE REG 5-16-51 May 10 10 10 10 10 10 10 10 10 10 10 10 10	24. FUNERAL/DIRECTOR 1 15 Els	ADDRESS
- way way a coman	( Kleal Island !	md 9711 31



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

05304

CERTIFICAT	TE OF DEATH Reg. Dist. No. 332
1. PLACE OF DEATH COUNTY COME CO MARYLAND CITY (If outside corporate limits write RURAL and LENGTH OF STAY OR givo nearest town) alos lurry / in this place TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS  Auit All Koad	2. USUAL RESIDENCE (HOME) OR DECEASED STATE  Mayland  CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN  STREET ADDRESS  (If rural, give location)
3. NAME OF DECEASED (First) (Middle)  DECEASED (Type or Print)  6. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) MUNIC Of Divorced, (Specify) MUNIC Of Divorced (Specify) MUNIC OF BUSINESS OR OR OR OF BUSINESS OR OR OR OF BUSINESS OR OR OR OR OF BUSINESS OR	(Last)  ONES  OF  OF  OF  OF  OF  OF  OF  OF  OF  O
13. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pa, or unknown) (If yes, give war or dates of service)  16. Social Security No.	14. MOTHER'S MAIDEN NAME Leah Willing 17. INFORMANT AND ADDRESS Vernon Jones - Chance, Mayland
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) Leading To DEATH  Immediate cause  (b) Leading To DEATH  Immediate cause  (c)  II. OTHER SIGNIFICANT CONDITIONS	eletosis  Cletosis  Chypertension  Interval Between Onset and Deate  Symptom  Type Tension
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	20. AUTOPSY?  Yes No (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office hidg., etc.) HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?
20. 00.11111 0.1111111111111111111111111	7.11. \( \sigma \)
REG. 6. 4-6-1 Mary W. Holloway	Bratohaw Funeral Parlois, Clipfield, Md.

S. V. CAERUS OSV 12020 S. V. CAERUS VQ

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VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

05305

Reg. Dist. No.332

1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside conorate limits, write RURAL and OR given nearest toyl) TOWN (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR Deer's Head State Hop.	STREET (If rural, give location) ADDRESS
3. NAME OF DECEASED (Type or Print) Qualitatin Fockers	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 5 1951
5. SEX VIII OS. COLORFOR RACE 7. SINGLE, MAERICHO, WIDOWED, DIVORCED	9-2-77 9. AGE last birthday If under 1 year If under 24 hr. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry  10c. Lind of Business or Ind	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Sorleuman	14. MOTHER'S MAIDEN NAME
15. WANDECRASED EVER IN U.S. ARNED FORCES?   16. SOCIAL SECURITY No. (Yes, no, or unknown)   (If yes, give war or dates of service)	arthur & rockman
18. MEDICAL CEI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Sladder	tumor (Carcina?) 4 years
Antecedent cause(s)  Diseases or conditions, if any, (b)	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	blind
18a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	( Franklin Syrane Hat)   20. AUTOPSY?
2V ACCIDES T SUICIDE HOMICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED  OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 7-11	1948, to 5-18, 195/, that I last saw the deceased
alive on 5 - 18 , 19 5, and that death occurred at SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specific) 5/205/ Warreck	Constant Warrels Waryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5-19-5-1 Mary M. Holloway	The Half Johnson & Saliaby
	Leoloo CHILIE



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### CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 337

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Physicians:

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INJURY

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEMBED MARYLAND CITY (If sutside opporate limits, write RURAL and LENGTH OF STAY copporate limits, write RURAL and give TOWN Respect town (in this place) HOSPITAL OR INSTITUTION OR STREET (If rural give logition) ADDRESS STREET ADDRESS 3. NAME OF (Middle) 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) DEATH 6. COLOR OR BACE WIDOWED, DIVORCED. 9. AGE last birthday III under 24 hrs Hours | Mln. (Specify) done during an artist working life wennif certing 10b. KIND OF BURINESS OR foreign country) porking life LA EATHER'S NAME 14 MOTHER'S MAIDEN 15. WAS DECRASED EVER IN U.S. ARMED FOR S? (Yes, no of unknown) (If yes, the war or date of service) 17. INFORMANT 16. SOCIAL SECURITY NO. 18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediale cause AntecedenI cause(s) Diseases or conditions, if any,

stating the underlying cause last H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

giving rise to the above cause

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? No I (CITY OR TOWN) (COUNTY)

(STATE)

21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY OR CONTRIBUTING office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED

While at

work

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X, Inquiry ... thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from: natural causes X, accident ], suicide ], homicide [], undetermined ]. SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Not while

at work

BURIAL CREMATION REMOVAL (Specify) NAME OF CEME

DATE REC'D BY LOCAL

BUREAU V. S.

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, WITH UNFADING important. Physicians:

PLAINLY, is especially i

WRITE

PLEASE



2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

05307

Reg. Dist. No. 5 1. PLACE OF DEATH .. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Wichmico STATE COUNTY MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and CITY (If outside orate limits, write RURAL and give nearest town) givo near (in this place) TOWN TOWN HOSPITAL OR STREET round, give location) INSTITUTION OR STREET ADDRESS ADDRESS 3. NAME OF (Middle) (Last) (Month) (Day) (Year) DECEASED DERSON 5 (Type or Print) 195 DEATH 6. COLOR A . SINGLE, MARRIED, WIDOWED, DIVORCED, 9. AGE last birthday | If under 1 year | If under 24 hrs. Hours | Min. Months | Days (Specify) 10b. KIND OF BUSINASS OR OCCUPATION (Give kind of work (State or foreign country) 12. CITIZEN OF WHAT ven if retired) INDUS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes. no. ps unknown) | (If yes, give was of dates of SOCIAL SECURITY NO. 17. INFORMANT 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b)\_ giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗍 No [] 21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from... and that death occurred at 9.30 / m, from the causes and on the date stated above. alive on. (Degree or title) SIGNATUR ADDRESS NAME OF OR CREMATORY REGISTRAR'S SIGNATURE ADDRESS

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

7.32

	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY MARYLAND	STATE AMERICAN SOUTH
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (II outside corporate limits, write RURAL and give nearest town)
OR give nearest fown) (in this place)	TOWN () ()
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS COMMENTAL SERVER STREET ADDRESS COMMENTS OF THE STREET ADDRESS	CODRESS (C) FO FO
3. NAME OF DECEASED (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Colon Marie Marie M	C. Clark DEATH May 0 1931
5. SEX 6. COLOR OF RACE 7. SINGLE/MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday I Winder I year II under 24 hrs 5 - 25 - / 8 9 9 0 Winder I year III under 24 hrs Min.
10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR	I1/BIRTHPLACE (State or foreign country)   I2. CITIZEN OF WHAT
done during most of working life, even if retired) Industry	ALW York. SOUNTENT a
13. FATHER'S NAME	14/ MOTHER'S MAIDEN NAME
John Wymar	hord Walsouth
16. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17 INFORMANT AND ADDRESS OF DIE
(Ves. neg or unknown) (If yes, give war or dates of service)	Potent J. M. Cluse - Selmar les
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
	I Symptom
Immediate cause (a)	of any
1/2 V Antecedent cause(s)	
Diseases or conditions, if any, (b) giving rise to the above cause	
47d stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
192. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes D No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from 4-24	1951 to 5-5- 1951 that I last saw the deserved
	m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	DATE SIGNED
Kang Xdelume MIV X	Jalisbury 188 May 5 1951
	RY OR CREMATORY LOCATION (City, town, or Sunty) (State)
REMOVAL (Spelly) 5-7-5/ Carly	Coslu Jaco Monto
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 5/6/51 Mary W. Joclintar	M. S. Manul Co. Valmer Les

correct age

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MAY 10 1951

BUREAU V. S.

VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

05309

Reg. Dist. No. 332

781826

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY MARYLAND	STATE Whome co	Will
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give	nearest town)
OR give nearest twn) believes md. (in this place)	TOWN Salvey, me	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR 202 thousand our.	ADDRESS 212 Mandens	avenue
3, NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) ESTADIE Thom RS A	Merri)) OF DEATH MAY	27 1957
5. SEX 16. COLOR-OR PACE 17. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last birthday   H under 1	year  If under 24 hrs.
Femile white WIDOWED, DWOREED,	may 14 1890 57 yrs. Montas	Days Hours Min.
102 USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	II. BLATHPLACE (State or foreign country)   12.	CHIEDN OF WHAT
ode during rotet of forking life, even if retired) INDUSTRY	( ambridge, md. 18	17711500
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Volva Henry Chomas	mundres	
15 WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND - ADDRESS	20. Dulyling
service)	mre William Pro	Men Just
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Colon	- Para	8
Immediate cause (a)	anoma of Paneseau	o more
157X Antecedent cause(s)	0	
Diseases or conditions, if any, (b)	00000 1 101000 27 2000 04 1010 1000 2000 1010 2000 2000 2	* 8 500 5 * 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
giving rise to the above cause stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	_	20. AUTOPSY?
11/13/50 Obstration Common D	uct	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY	WOW DVD WINDY OGGUDS	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m.   Work  At work		
22. I hereby certify that I attended the deceased from 10/3/	1050 to 5/27 \$51 that I last as	w the deceased
22. I hereby certify that I attended the deceased nom	1/2	an one deceased
alive on 5/26 , 1951, and that death occurred at		ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William B. Jong M.D. 50	4 N. Dinsim St. lolitum, Ind.	5/28/57
	ERY OR CREMATORY LOCATION (City, wm, or count	y) (State)
REMOVAL (Speelly) May 29, 8st, & sen		mac
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2 -2.8-51 MADINO AH LONGU	wall pasmil V	a Drune IN



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

# VS. Alo

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05310

#### CERTIFICATE OF DEATH

Reg. Dist. No. 332

I. PLACE OF DEATH MARYLAN MARYLAN	.	2. USUAL RESIDENCE (	HOME) OF DECEAS	COUNTY	nico
CITY (If outside corporate limits, write RURAL and LENGTH O OR give nearest town) (in this TOWN	DE STAY	CITY (If outside corpor OR TOWN	ate limits, write RUR.		
HOSPITAL OR INSTITUTION OR SOLUTION	ome	STREET ADDRESS Sal	(If rural, give )	ocation)	d
3. NAME OF DECEASED (Type or Print) (Middlo)	mil	(Last)	4. DATE OF DEATH		(Day) (Year) 3 195
5. SEX COLOR OR RACE 7. SINGLE, MARRY WHOWED, DIVO (Specify)	RCED,	8. DATE OF BIRTH	9. AGE last hirthday 52 yrs.	If under 1 y Months   D	year   If under 24 hr. Days   Hours   Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Wusney INDUSTRY		II. BIRTHPLACE (State	fus ( ) ,		CITIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
entrow	1	untmer	00		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	ry No.	Madelei	a Ruti	ter	
18. MEI	DICAL CER	RTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	гн	clerotie /	Least D		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)		1			01,
120,0 Antecedent cause(s) Diseases or conditions, if any, (b)	osck	exores			maly
giving rise to the above cause stating the underlying cause last				- A	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.					
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPER	ATION				20. AUTOPSY?
					Yes 🗆 No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factor of office bldg., etc.) HOMICIDE INJURY	ry, street,	(CITY OR	TOWN) (	COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRE OF   Not Wh   Work   At we		HOW DID INJURY OF	CUR?		
22. I hereby certify that I attended the deceased from	Oct 1	, 1950, to Date	day, 19.5./, that	I last sav	v the deceased
alive on		ADDRESS MAGA	e causes and on the	e date stat	ed above. DATE SIGNED
Sturnell, M.D.		Zalobury	ned	na	74,1951
23 BURIAL, CREMATION DATE THEREOF NAME OF REMOVAL (Specify) 5-4-5 ( Lines	A	al Bond	LOCATION (City, tow	on, or county)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 7-4-4-1	711	24. FUNERAL DIRECTO	or Telest	18	ADDRESS
- VI manya sta carrie	1		1/1/	TAT	med

BUREAU V. S.

2411 N. Charles Street, Baltimore

#### **CERTIFICATE OF DEATH**

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The	1. PLACE OF DEATH- COUNTY WARDING	)M
fully.	CITY (If outside corporate limits, write RURA OR give nearest town) TOWN	
on caref	HOSPITAL OR PINE Pluff S INSTITUTION OR STREET ADDRESS Selisbury	tate h
nation	3. NAME OF (First) DECRASED (Type or Print)	(Mid
nforn h clea	5. SEX 6. COLOR OR RACE	7. SINGLE, WIDOWEI (Specify)
n of i	10n. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND INDUSTRY
y iter	13. FATHER'S NAME Willbur Clay Morgan	
Supply every item of information write the causes of death clearly and	15. WAS DECRASED EVER IN U.S. ARMED FORCES: (Yes, no, or unknown) (If year, give war or dates of service)	16. Social 218-
Suppl write	I. DISEASES OR CONDITIONS DIRECTLY	LEADING T
INK. please	Immediate cause (a) Antecedent cause(s)	D <sub>11</sub> 7.
ONTADING Physicians:	Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	
Phys	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	h.
Sant.	19a. DATE OF OPERATION   19b. MAJOR F	
impo	21. ACCIDENT (Specify) PLAC SUICIDE OF HOMICIDE INJU	CE (Home, fa office bldg., RY
LAINLY	TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OF While at Work
PLAI s espe	22. I hereby certify that I attended the	e deceased
WRITE PLAINL	alive on 5-/2-5/, 19, and SIGNATURE	d that deat (De
	23. BURIAL CREMATION DATE	7.O
LEASE	DATE REC'D BY LOCAL REGISTRAR'S	SIGNATUR
Ο.	KEG. 7-11-41 W/ 2441	II KIRDI

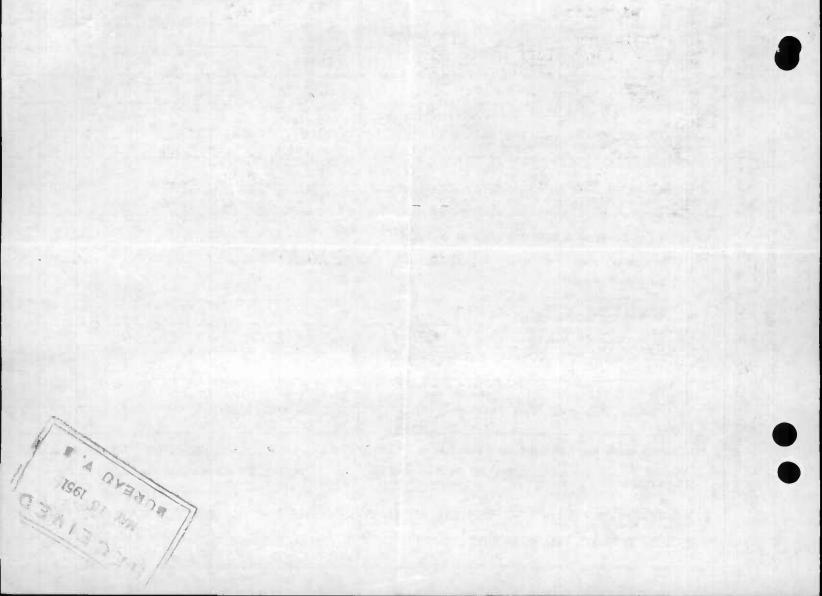
			W. C. WOLLD BUILDINGS	NOVE OF SECTION	
PLACE OF DEATE	comico	WALDER AND	2. USUAL RESIDENCE (	HOME) OF DECEASED.	Somerset
	orporate limits, write RU	MARYLAND RAL and   LENGTH OF STAY	CITY (If outside corner	rate limita, write RURAL and g	
OR give nearest	town)	1 din this place)	OR	OVAY	ive hearest town;
HOSPITAL OR INSTITUTION OF STREET ADDRESS	Pine Pluff Salishur	State Hospital   v. Maryland	STREET ADDRESS	(If rural, give location)	/
NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Vilbur	Clay	Horgan	OF DEATH MOY	12 1951
SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 3/28/92	9. AGE last birthday If unde Months	l year II under 24 hrs. Days Hours Min.
	ATION (Give kind of working life, even if retired)	10h. KIND OF BUSINESS ON	11. BIRTHPLACE (State Crisfield.		2. CITIZEN OF WHAT COUNTRY? USA
. FATHER'S NAM	E	ing employed	14. MOTHER'S MAIDEN		
Wilher	000 01	n		ha Riggin	
. WAS DECRASED EV	VER IN U.S. ARMED FORCE	ES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(es, no, or unknown)	(If year, give war or dates service)	218-05-266		on Admission	
DISEASES OR CO	ONDITIONS DIRECTLY	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Immediate	e cause (a)	Pulronary Tu	benculosis		6
Anteceden	nt cause(s)				
Diseases or o	conditions, if any, (b) the above cause anderlying cause last				
Conditions contribu	CANT CONDITIONS ating to the death but not see or condition causing de	nth.			OF BR SS SR + 0.00 00 00 00 00 00 00 00 00 00 00 00 0
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No No
I. ACCIDENT SUICIDE HOMICIDE	OF	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNTY	
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CCUR?	
		/			
2. I hereby certi	ify that I attended t	he deceased from 7:30.5.	19, to ⊋./≥.	, 19 that I last	saw the deceased
5.	12-5/ 10 -	nd that death occurred at	5 05 8- from the	and an electrical and a second	4-4-1 -1
alive on	, 19, a	(Degree or title)	ADDRESS	e causes and on the date s	DATE SIGNED
SIGNATORES	I I	Z		<b>4</b>	DIGINDD
Luo	dawres.	7.Q Jr	ultand		5/12/51
BUREAL, CREM.	21. 5/14/	5-1 / Velegari	Olmuthy	Otto Lela	oty) (State)
DATE REC'D BY	LOCAL REGISTRAR	SSIGNATURE	24. FUNERAL DIRECTO	1 //	ADDRESS
REG. 5-13 7	Al Maxis	W. Holloward	Aluruara	to foreny	Lu

MARYLAND STATE DEPARTMENT OF HEALTH

The correct age

PLEASE WRITE PLAINLY, WI

ARGIN RESERVED FOR BINDING



The correct age

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully-is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

05312

Reg. Dist. No. 33-2

COUNTY CONCO	2. USUAL RESIDENCE (HOME) OF DECEA ED-	mic
CITY (if outside corporate limits, write RURAL and OR give places town)  TOWN  LENGTH OF STAY (in this place)	CITY (If outside corporate limit, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR PSTREET ADDRESS PS.	STREET ADDRESS 608. Coning of location)	4. 1
3. NAME OF DECEASED (First) (Middle) (Type or Print)	Tuflett OF Month) DEATH May	(Day) · (Year)
6. SEX  6. COLOR OR DACE  SINGLE MARRIED, WIDUWED, DIVORCED, (Specify)	1 & DATE OF BIRTH 1 9. AGE last birthday 1 If we for	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (Stategor for ign country)	2. CITIZEN OF WHAT
13. FATHER'S NAME Niblet	14. MOTHER'S MAIDEN NAME.	April 1
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. optimization) (1) established for the collection of the coll	17. INFORMANT AND ADDRESS AND	dy for
18. MEDICAL CE	RTIFICATION 608. Benn A.	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Zubaranhois	Hemaritant	18 Ly
Antecedent cause(s)		
Disease or conditiona, if any, (b)	dvan	. ,
		. 4
Diseases or conditiona, if any, (b)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		20. AUTOPSY?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	(CITY OR TOWN) (COUNTY	Yes No
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	Yes No
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  14. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE (Specify) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	20. AUTOPSY? Yes No (STATE)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY OF While at Not While Work At work   22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR?	20. AUTOPSY? Yes   No   (STATE)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  14. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY  TIME (Month) (Day) (Year) (Hour) While at Not While INJURY  22. I hereby certify that I attended the deceased from 2.2	HOW DID INJURY OCCUR?  1927., to 2.7., 1927., that I last a standard on the date standard of the causes and on the date standard of the causes are caused on the date standard of the causes are caused on the date standard of the causes are caused on the date standard of the causes are caused on the date standard of the causes are caused on the date standard of the causes are caused on the date standard of the causes are caused on the date standard of the causes are caused on the date standard of the causes are caused on the date standard of the causes are caused on the caused of the	20. AUTOPSY? Yes No (STATE)  Saw the deceased Cated above. DATE SIGNED
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work  22. I hereby certify that I attended the deceased from At work callive op	HOW DID INJURY OCCUR? , 192, to	20. AUTOPSY? Yes No (STATE)  Saw the deceased sated above. DATE SIGNED
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  14. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  19a. DATE (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work   22. I hereby certify that I attended the deceased from 2.2	HOW DID INJURY OCCUR?  1927., to 2.7., 1927., that I last a standard on the date standard of the causes and on the date standard of the causes and on the date standard of the causes are caused as a standard of the caused as a standard	20. AUTOPSY? Yes No (STATE)  Saw the deceased Cated above. DATE SIGNED

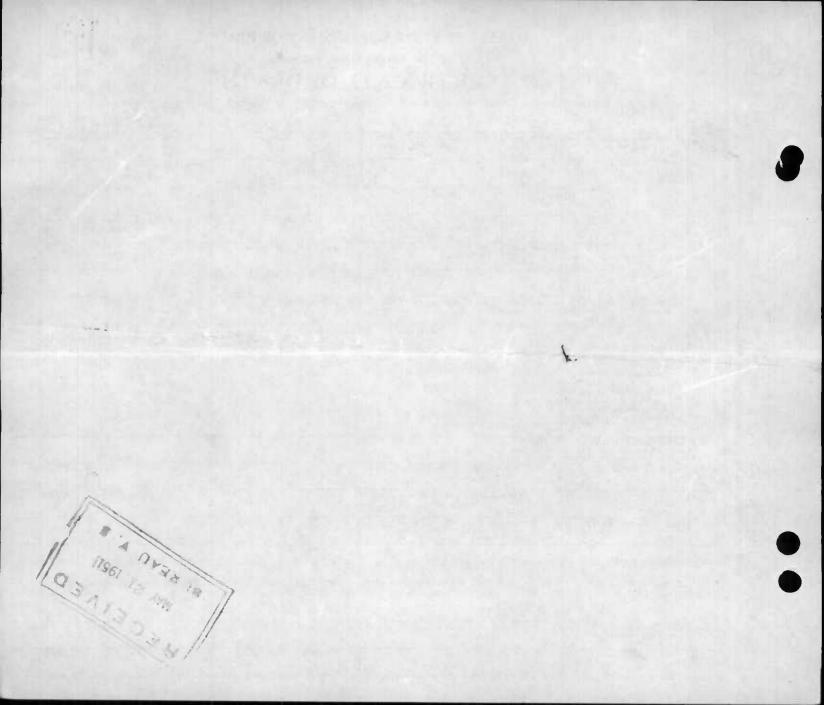


2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05313

ODM INTOM	E OF DEATH	Reg. Dist. No. 2.2.
1. PLACE OF DEATH CONG MARYLAND	2. USUAL HISIDENCE (HOME) OF	LEGOTATIC
CITY (I) outsid corporate limits, write RURAL and LENGTH OF STAY OR TOWN (in this place)	CITY (II outside corporate limit) wri	te RURAL and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS S. TYPEY.	ADDRESS 307, Francisco	al, gire heatist) are.
3. NAME OF DECEASED (Middle) (Type or Print)	Perone 14. DATE OF DEATH	(Month) (Day) (Year)
5 SEX  6. COLOR OF BACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last 1	pirthday   I onder I year   If under 24 hrs   Hours   Min.
10k. USUAL OCCUPATION (five kind of work the during most of mering life, even if restred) INDUSTRY (LIVER COLUMN C	11. BIRTHPLACE (State or toreign count	12. CITIZENT OF YHAT
13. FATHERIS NAME	14. MOTHER'S MAIDEN NAME	rates :
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no or unknown) (If yes, give war or dates of service)	Mr. Jocke ng	Ostome wife
18. MEDICAL CE	ERTIFICATION 307, Franks	: a
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	& Saluty n	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)	excisence	1 new
Antecedent cause(s) Diseases or conditions, if any, (b)		- 1
444 giving rise to the above cause stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🗹
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	1900 6/ay /8, 195	that I last saw the deceased
alive on 1957, and that death becurred at SIGNATURE	ADDRESS and	on the date stated above.  DATE SIGNED
David Jolaine A. 1	X Salisbury	Ted. 5/18/15/
REMOVAL (Specify) May 20-51 Parm	v lem. Safter	ity town, or county) N (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE.	240 FUNERAL DIRECTOR	Salutus Ro
	With 11 Will	1000 210012



2411 N. Charles Street, Baitimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 332

(6)	
The	1. PLACE OF DEATH COUNTY 2. USUAL RESIDENCE (HOME) OF DECEASED
÷.	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town)
full	OR givo nearest town) Salisbury 3in this place) OR TOWN Salisbury
n care	HOSPITAL OR INSTITUTION OR STREET ADDRESS Ocean Office (Street address of Address Ocean Office)
information carefully th clearly and legibly.	3. NAME OF DECEASED (Type or Print) Local Toster Phillips A. DATE (Month) (Day) (Year) 1951
infor th cle	Temale   S. COLOR OF BACE   7. SINGLE, MARRIED, WIDOWED DIVORCED   1. DATA OF BARTH   9. AGE last birthday   11 under 1 year   11 under 24 hrs.   12 months   Days   12 months   Days   13 months   Days   14 months   Days   15 months   Days   15 months   Days   16 months   Days   16 months   Days   17 months   Days   18 months   18 months
om of information	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or M. Platter Lace (State or foreign country)  12. CITIZEN OF WHAT COUNTRY? U.S. A
every item	David R. Foster Wary Layfield
y eve	15. Wes Decrased Ever In U.S. Abmed Forces? 16. Social Security No. 17. INFORMANT AND ADDITION (If yes, give war or dates of service) service)   18. Social Security No. 17. INFORMANT AND ADDITION (II)   18. Social Security No. 18. INFORMANT AND ADDITION (II)   18. Social Security No. 19. Social Security No. 19. Social Security No. 19. Social Security No. 19. Soc
ply e t	18. MEDICAL CERTIFICATION
Suppl write	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
INK. please	Immediate cause (a) Willis Carculling of Orelles Ling mussless may 1920.
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the ahove cause stating the underlying cause last
NDI /sici	(c)
Part .	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
H	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION WAY 1050 Cremma in Aboutle 7 theres abdruen closed. 20. AUTOPSY?
WITH	21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,   (CITY OR TOWN) (COUNTY) (STATE)
NE I	SUICIDE OF office bldg., etc.) HOMICIDE INJURY
PLAINLY, WITH Us especially important.	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work
PLA s espe	22. I hereby certify that I attended the deceased from may, 1950, to lay I destiny, that I last saw the deceased
WRITE	alive on
	Frank Leures 1. Wellands Maryand, 5-1951
ASE	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, tym, or court) (State)  REJOVAE (Splity) 5/9/5/ Morroll Juneley, Wardeld Wormand
PLE	DATE REC'D BY LOCAL REGISTNAR'S SIGNATURE REG. 5-19-51 Mary W. Holloway The Hill Tohnson & Salebuy.
	George & Hill II

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The correct age

MARGIN RESERVED FOR BINDING

S. A15



# The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

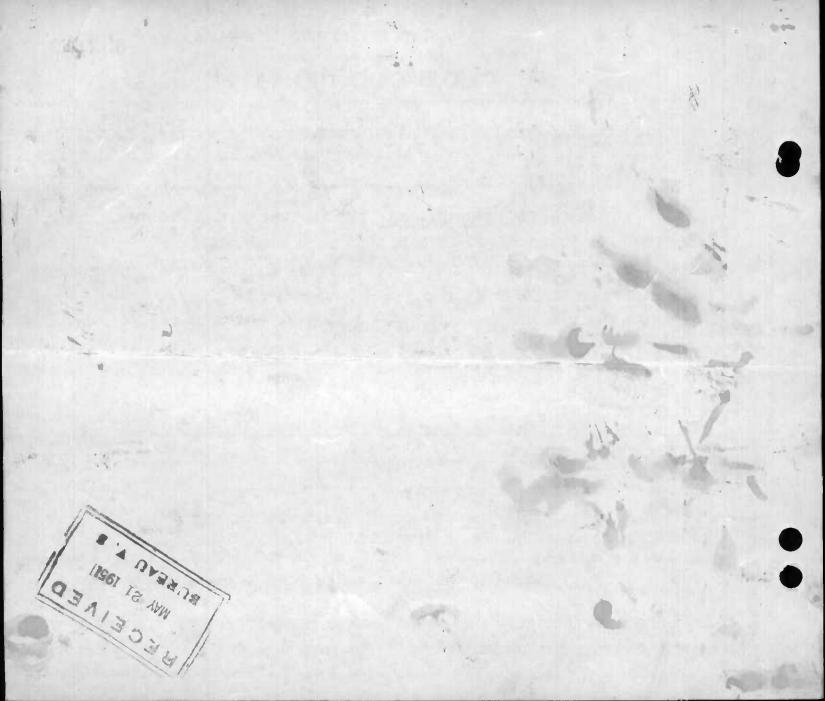
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

05315

	Acg. Dist. No.	
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
	STATE	mich
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (II outside corporate limits, write RURAL and give	e nearest town)
OR give near st town) TOWN (in this place)	OR TOWN	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR HELD CANE	ADDRESS	
	4 West East	
3. NAME OF (First) (Middle) DECEASED	(Last) / 4. DATE (Month)	(Day) (Year)
(Type or Print) ALEXANDED HENRY	PINKOSKI DEATH 5 -	185
6. SEX 6. COLOR OR RACE 7. SHOPE, MADRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday   If under 1	year   If under 24 hr
(Specify) Mesouri	10-21-11819 DIN 00 YTE.	Days Hours Min.
19a. USHAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT
	Manay Polar	COUNTRY?
CITY OF CONTROL CONTRO	14. MOTHER'S MALBEN NAME	
anth. Waskinsi	unknow	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANY AND ADDRESS	
(Yes, no, or unknown) (If yes, give war, or dates of	000 1 P. V. D. 100	
18. MEDICAL CEI	acous ungershi - della	nex that
V	ETIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0 0	ONSET AND DEATE
Conchral le	emorrhage R	8 mo
Immediate cause (a)		omo
Immediate cause  (a) Cerebral la  3 3   Antecedent cause(s) Diseases or conditions, if any, (b) deferiosele		
Diseases or conditions, if any. (b) arrent of the	roses	MANA TO THE REAL PROPERTY OF THE PERTY OF TH
giving rise to the above cause		and the same as a second of a district community constraint as a second
stating the underlying cause last	4	- 100
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the desth but not	ulcers on back + legs	SE
related to the disease or condition causing death.		1835
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗍 No 🚨
21. ACCIDENT (Specify) PLACE (Home, farm, factory, atreet, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	* (STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
And	- 11 12 51	
22. I hereby certify that I attended the deceased from	, 1950, to May 18, 1951, that I last sa	w the deceased
May 17 5-1	1 > 3 = 1	100
alive on	ADDRESS and on the date sta	ted above.
SIGNATURE (Degree or title)		DATE SIGNED
Til other, win. D	elular, Dol.	5-18-57
23. BURIAL, STREET DATE THEREOF NAME OF CEMETEL	LOCATION (City, town, or county	y) (State)
1 Juna 3 -21-51 494 our	- Alleman de	V.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 18: 1951 Harry & Kudson	M. S. Manne Or. Delin	Ex lest
	1 70	Company Co



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

eg. Dist. No. 332

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.
(A) (Tamel TA) MARYLAND	mantana wico
TOWN give nearest town this place this place this place the	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CILLSULLY
HOSPITAL OR INSTITUTION OR STREET ADDRESS REVENOAS	STREET (Hybral, give location)
3. NAME OF (First) / (Middle)	(Last)   4. DATE (Month) (Day) (Year
(Type or Print) JEANEHE WILLIAMS F	Oblit DEATH 5 / 195
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	SEATE OF BIRTH 9. AGE last hirthday If under I year If under 24 if Months Days Hours M
10m. USUAL OCCUPATION (Give kind of work done difference of working the even if retired) Innovition of mula	11. LIRTHPLACE (State or foreign country)  12. Critzen of WH.
13. FATHER'S NAME	14. MOTHER MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND MODRESS
(Yes, no grundown) (Tryes, give war or dates of lower of large state)	17. INFORMANT AND MODRESS ACT
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE ONGET AND DEAT
Immediate cause  (a)	Henry & 4 mos
22/V Antecedent cause(s)	2000-
	Juha-
giving rise to the above cause  stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m, At work	HOW DID INJURY OCCUR?
	50 Va / C/
22. I hereby certify that I attended the deceased from.	, 19 that I last saw the deceased
15 - Rial 27 10 5/ - 1 10 1	60 - 1-1
alive on	ADDRESS , from the causes and on the date stated above.
Hens R Man Physics	Daluly md 5/2/51
REMOVAL (Specify) 5/2/7/	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REG. P. LOCAL REGISTRAR'S SIGNATURE	34 FUNE AND DIRECTOR OADDRESS
3-401 Mary W. Holloway	Herur Journage o solisting
	George CH. IVII.

BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

05317

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

CITY (if outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) OR give nearest town) OR give nearest town) OR STREET ADDRESS TOWN OR STREET ADDRESS OF CONDITIONS OF CONDITIO		STATE WAS COUNTY	1
OR give nearest town) Salvary  HOSPITAL OR INSTITUTION OR STREET ADDRESS  NAME OF DECRASED  (Year)  OR TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	W ARPLAND MARYLAND	11/coursone 18	ucomero-
HOSPITAL OR INSTITUTION OR STREET ADDRESS  3. NAME OF DECRASED (Type or Print)  6. COLOR OR RACE (Windle)  7. SINGLE, MARRIED (Specify)  7. SINGLE, MARRIED (Specify)  8. DATE OF BIRTH  9. AGE last birthdsty Months Days  10a. USUAL OCCUPATION (Glye kind of work done during most of working life, bryon if retired)  13. FATHER'S NAME  14. MOSHER'S MADENNAME  15. Was Decrased Ever in U.S. Armed Forces? (Yes, no, or unknown)  16. SOCIAL SECURITY NO.  17. INFORMANT AND ADDRESS  18. MEDICAL CERTIFICATION  INTERVAL BETWEEN  ON THE OR SHOW IN THE OR		OR PAPER	e nearest town)
3. NAME OF DECEASED (Type or Print) (Type or P	HOSPITAL OR O +	STREET () A Alf rural, give location)	
DECEASED Type or Print)  The property of the control of the contro	INSTITUTION OR STREET ADDRESS OUT hoven	ADDRESS Salisbury	
Type or Print)  5. SEX  6. COLOR OB RACE  WIDOWED PIVORCED  10s. USUAL OCCUPATION (Giye kind of work done during most of working life leyen if retired)  11s. FATHER'S NAME  12. CITIZEN OF WEAT COUNTRY!  13. FATHER'S NAME  14. MOTHER'S MAD EN NAME  15. WAS DECRASED EVER IN U.S. ARRED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  18. MEDICAL CERTIFICATION  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a)  Hyperlunian  Hype		P (Lagt) 4. DATE (Month)	7 1
The last of the la	(Type or Print) / What I was a second of the contract of the c		
done during most of working life fevon if retired)  INDUSTRY  13. FATERIZONAME  14. MORHER'S MADEN NAME  15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  18. MEDICAL CERTIFICATION  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) Hyperlanine Heart Cause  (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not	Temale White (Specify) Warried	June 1,1902 48 yrs. Months	Days Hours Min.
13. FATHER'S NAME    14. MOSHER'S MADEN NAME   15. WAS DECRASED EVER IN U.S. ARNED FORCES? (Yes, no, or unknown) (If yes, give war or dates of the continuous) (If yes, give war or dates of the continuous) (If yes, give war or dates of the continuous) (If yes, give war or dates of the continuous) (Interval Between Onger and Death    16. Social Security No.   17. INFORMANT AND ADDRESS PORTON.     18. MEDICAL CERTIFICATION   INTERVAL BETWEEN ONGET AND DEATH    18. MEDICAL CERTIFICATION   INTERVAL BETWEEN ONGET AND DEATH    19. Antecedent cause (a)	done during most of working life evan if retired)  10b. Kind of Business on Industry  10c. Visual Will		
(Yes, no, or unknown)   (1f yes, give war or dates of   No	13. FATHER NAME & Bulsman	14. MOSHER'S MADEN NAME	
Is. MEDICAL CERTIFICATION  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) Hyperlineins Heart Directly  Antecedent cause(s) Diseases or conditione, if any, giving rise to the above cause stating the underlying cause last  (b)  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		A THE MEDITION A	0
Interval Between Onser and Death  Immediate cause  (a) Hyperlaneine Heart Disease  HASK Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	_  service)	1100 000000	Sv.
Immediate cause  (a) Hyperlineirs Heart Disease  (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  (d) The Significant conditions (c)  (e)	18. MEDICAL CE	ERTIFICATION	INTERVAL BETWEEN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1.0.	
Diseases or conditione, if any, (b)  Giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Immediate cause (a) Hyperleusine	Heart Duease	. Det to fill the fill and an an an analog (specimen as an analog (s
93 & giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	giving rise to the above cause		-0 20 000 000 000 000 000 000 000 0000000
Conditions contributing to the death but not	450 stating the underlying cause last		
Conditions contributing to the death but not	(c)		1
related to the disease of condition causing death.	Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?			20. AUTOPSY1
Yea No			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)  HOMICIDE INJURY	SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?  OF While at Not While	OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m.   Work   At work	INJURY m.   Work   At work		
22. I hereby certify that I attended the deceased from 19 48 , 19 , to 2/2 , that I last saw the deceased	22. I hereby certify that I attended the deceased from 19.48.	, 19, to	w the deceased
alive on 1/2 and that death occurred at S. 42. A.m., from the causes and on the date stated above.	alive on 1/2 and that death occurred at	8.145A.m., from the causes and on the date sta	ted above.
SIGNOTURE: (Degree or title) (ADDRESS DATE SIGNED	SIGNOTURE (Degree or title)	ADDRESS	DATE SIGNED
A real N. Manuse M-W solution May 5/3/21	Heel N. Mame M-W	Solutrum Mar.	5/3/51
23. BURIAL, CREMATION DATE THEREOF DAME OF CENETERY OR CREMATORY LOCATION (City, town, or county) & (State)	REMOVAL (Specify) 5/4/1	- 1/ X=1/- 1/	of (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE 24. FUNERAL PURECTOR / ADDRESS	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE		ADDRESS
REG. 5-3-51 Maryll Atlant The Kill & golinson Co Salisburg	REG. 4 1 1/2	I Wa Hill + Oldingon Com	a
George C Mill II	3-33-1 Maryll Attloral	Tare July Journon of s	and the same

BUREAU V. S.

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

05318

eg. Dist. No. 332

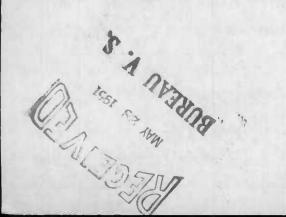
1. PLACE OF DEATH - COUNTY WILCOMMARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	with
CITY (If outside of porate limits write RURAL and CENGTH OF STAY OR give neares town this place).	CITY (It ovalide contornto limital write RUPAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 TO Leabella	STREET (If rural, rive location)	1
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) OF DEATH MOL	(Day) (Year) 22 1937
SEX 6. COLOB OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	1 80 DATROF BIRTH 1 9, AGE last birthday   Honder	year   If under 24 hrs. Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  10b. Kind of Pusiness or Industry		COUNTRY?
13. FATHERS NAME Brown	14. MOTHER'S MAIDEN NAME!	
15. WAS DECRASED EVER IN U.S. ABMED FORCES? (Yes, no, of Judingwn) (If yes, give war or dates of service)	Mi med & Yest Snowlie	1 md
18. MEDICAL GE	RTIFICATION	7
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
170 X Immediate cause (a) lacements of	Present a Melaclaria	
Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last		- 40 Ser Ser e n 4 600 0000 0000 voluminion 10,100 0 0 0000
(c)		1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-2-2, alive on 5-22-3, 1924, and that death occurred at 1/2 (Degree or title)	, 1927, to 5-22, 1977, that I last so ADDRESS	
Hred & Syamor Mi-60	BE OR CREMATORY LOOKTION (City, town, or sount	5/24/51
23 HOSTAL CHEMICION DAY: THEREON NAME OF GENETE LEMOVAL (Sportly)  DATE REC'D BY LOCAL AND TRAJES SIGNATURE	MITTHORIST MANUAL DIRECTOR	ma
REG - 24-5/ Mary W. Hollomay	(May D. Bymis Snowly	ADDRESS M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

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2411 N. Charles Street, Baltimore

05319

#### CERTIFICATE OF DEATH

eg. Dist. No. 332

	Treg. Dist. Ivo
I. PLACE OF DEATH. COUNTY PACONIC MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If obtains corporate limits, write RURAL and OR give rear of town)  CITY (If obtains corporate limits, write RURAL and OR (in this piace)	CITY (If outside corporate limits, write BURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS PD#2.	ADDRESS PO# (If rural give location)
3. NAME OF (First) DECEASED (Type or Print) Maria Elizabeth	Sevell OF Man 10 - 15
5. SX  6. COLOROR RACE  7. SINGLE MARRIED, WIDOWED DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under I year If under 24 Hrs. John Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life burn if stired) INDUSTRY	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WAT
Samuel Jacken	14. MOTHER'S MAIDEN HAME
15. Was Deceased Ever In U.S. And Ed Forces? (Yes, no, or niknown) (If year, give war or dates of service)	Mrs. Richard Bailey (daughter)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION # 2. STATE MAJOR STEEL BETWEEN ONSET AND DEATH
Immediate cause (a) Arteria A	lervis '
421.4 Antecedent cause(s) Diseases or conditions, if any, (b)	
92d stating the underlying cause last (c) Chronic V	elmlas dismo
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY m.   Work   At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 1944, to May 10, 1951, that I last saw the deceased
	ADDRESS ATE SIGNED
BURIAL CREMATION DATE NAME OF GEMETER	RY OR CRUMATORY LOCATION (City town progenty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5-11-51 Mary W. Holloway	by It 19 Williams The
	1 home 11. 10 min 1 100 8 20

PCEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly— MARGIN RESERVED FOR BINDING

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# The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05320

Reg. Dist. No. 332

1. PLACE OF DEATH.  COUNTY WICHTICO MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	Tura
CITY (If outside corporate limits, write RURAL and OR give oearest town) TOWN  LENGTH OF STAY (1) this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	oearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 18 W. Lacut St.	STREET ADDRESS 1/8 W. Locust St.	
3. NAME OF (First) (Middle) DECEASED (Type or Print) Frances	Verstein 1. DATE (Month) OF DEATH 5	(Day) (Year) 20 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Mooths yrs.	year   If uoder 24 hrs Days   Hours   Min.
done daring most of working the even if retired)  10b. Kind of Business or Indigerry Williams  10c. USUAL OCCUPATION (Give kind of work done daring most of working the even if retired)	Marine Pa.	STIZEN OF WHAT
Lamuel Wulign Pischer	14. MOTHER'S MAIDEN NAME	- fi
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes. no. or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ODDRESS Lid	ef
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION //	INTERVAL BETWEEN ONSET AND DEATH
977 Immediate cause (a) Corbon mon	oxile parowing	Leath
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause	· ·	nb bb ee eo ambbee limid animoeannanna can en
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No &
21. EXTERNAL CAUSE WAS PRIMARY DOR CONTRIBUTING OF Office hidg, etc.) CAUSE OF DEATH.	Solisbury wecome	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While et Not while INJURY 5 20 3/ 33 m. work at work	Turned on yes jets of sto	ve
22. I certify that I took charge of the remains described above, held an a obtained by said Autopsy, Inspection or Inquiry, find that said dece	eased died on the day stated above, and death in my	from the evidence opinion resulted
from: natural causes [], accident [], suicide [], homicide [], SIGNATURE (Degree or title)	undetermined ADDRESS	DATE SIGNED
	ERY OR CREMATORY   LOCATION (Gity Troyn, or count	5/20/5/ y) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	Po.
REG. 5-28-37 Mary W. Holloway	The Tought whist	0
	12111/6/ (15,100)	1) 12'



2411 N. Charies Street, Baltimore

		CERTIFICAT	E OF DEATH	Reg. Dist.	No. 332
1. PLACE OF DEA	TH.		2. USUAL RESIDENCE (HO	ME) OF DECEASED.	
COUNTY	Wicomico	MARYLAND	STATE Maryland	coul	Tromico
CITY (If outside	corporate limits, write RHR	AL and   LENGTH OF STAY	CITY (If outside corporate	limits, write RURAL and	give nearest town)
TOWN give near	st town) Salisbury	about 65 yrs.	OR TOWN Sali	shury	
HOSPITAL OR INSTITUTION			STREET	(If rural, give location)	
STREET ADDR		rine St.	ADDRESS 104 Ca	therine St.	
3. NAME OF	(First)	(Middle)		4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Perry	Wesley	Slemons	OF DEATH 5 -	- 22 19 5
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.		AGE last hirthday   If und	ler I year Ilf under 24 hr
Male	A. A.	WIDOWED, DIVORCED, (Specify) Married	about 1866 ab	out 85 yrs. Monti	hs Days Hours Min.
10a. USUAL OCCU	PATION (Give kind of work)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT
	Janitor	INDUSTR'Drug Store	Quantico Rd. Wic	omico Co., Md.	COUNTRY U.S.A.
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN N		
	Unknown		Unknow	n	
15. WAS DECRASED	EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND AT	DRESS	
No	a) (If yes, give war or dates of service)	None	Fulton Slemons.	224 Third St.	Salisbury, Mo
		18. MEDICAL CE			
I. DISEASES OR	CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		-	· N 0 '	L. 0	
Immedia	ate cause (a)	***** ******* *************************	1/eval	allul	2 wro
592X Anteced	ent cause(s)	0	. 70	,	7
Diseases o	or conditions, if any, (b)	· Caro	ue Myor	andilis	Jueno
1310 giving rise	to the above cause a underlying cause last	00			1_0
	(c)	(h	10000000	2 theten	13 years
II. OTHER SIGNI	FICANT CONDITIONS				
related to the dis	ease or condition causing deat	h.		J	V
19a. DATE OF OP	ERATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
					Yes   No
21. ACCIDENT SUICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office hldg., etc.)	(CITY OF TOV	VN) (COUNT	Y) (STATE)
HOMICIDE	INJU	RY	- Sousien	7 Micrue	es no
TIME (Month	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCCU.	112	
INJURY	m.	Work At work			
00 111	wife that I care Jad the	donner ne Miller	6 1051 . 7111.2	- 51	
22. I nereby cel	ruly that I attended the	deceased from	6, 195 , to May		
alive on	LAY 19 , 1957, and	d that death occurred at	ADDRESS m., from thevca	uses and on the date	stated above.
SIGNATURE		(Degree or title)	ADDRESS		DATE SIGNED
MAL	2. V= 1/10.	1. m)	Androth	1/11	5/25/5
23. BURIAL/CRE	MATION   DATE THEREO	F I NAME OF CEMETE	RY OR CREMATORY   LOC	CAFION (City, town, or con	(00/0)
REMOVAL (S)			1/		
DATE REC'D BY	1 0 20 01	Houston Ce	24. FUNERAL DIRECTOR	lisbury, Wicom	ADDRESS
REG 5-25-		(1) Halloway		ell: Salsbur	m
	- IIIAAA	70, 100	James 12. Nash	en en en	y IIa

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

115322

#### CERTIFICATE OF DEATH

eg. Dist. No. 332

Hughan.		
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Wicomico MARYLAND	STATE Margland Worces	1. 0
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside conforate limits, write RURAL and giv.	e percet town)
OR give nearest town) Salisburg. (in this place)	TOWN BELLIN	0 2001 00 1127
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Peninsula General Hospital	ADDRESS FLOWER Street	./
3. NAME OF (First) (Middle)		V
DECEASED (Type or Print)  -Rank	(Last) 4. DATE (Month) OF DEATH (Name	(Day) (Year)
5 SEY 16 COLOR OR RACE 17 SINGLE MAPRIED	8. DATE OF BIRTH   9. AGE last hirthday   If under	vest Ilfunder 24 hrs.
Male Colored. WIDOWED, DIVORCED, (Specify Married	1919 32 yrs. Months	Days   Hours   Min.
10a, USUAL OCCUPATION (Give kind of work   10h. Kind of Business or		CITIZEN OF WHAT
done during most of working life, evon if retired)   JNDUSTRY Co.	million' nil a ma	COUNTRY? U, S, A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	970,7
David Small	P	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of 234-12-7319	m 11 0 11 0 11	m
	Mrs. alisha Small Berlin,	1166
	THE CATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	i .	ONSET AND DEATE
Immediate source (a) 35 cm of a	- Lastrian and A	(7)
Immediate cause (a)		
201X Antecedent cause(s)	ARD in a	
Diseases or conditions, if any, (b) giving rise to the above cause		
44 b stating the underlying cause last	e ste	
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No
SUICIDE OF office hidg., etc.) HOMICIDE INJURY	(0111 011 10 414) (00 01411)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	1
INJURY m.   Work   At work	y ***	
	1-3 161 .1 & r-1 to	197
22. I hereby certify that I attended the deceased from Many 2.	, 1957 to klad, 19, that I last sa	w the deceased
alive on Moy 5 , 19 1, and that death occurred at	12:30 A.m., from the causes and on the date sta	And alexan
SIGNATURE (Degree or title)	ADDRESS.	DATE SIGNED
7 1 1 7 700		2 / 5-6/
otultaleamen 11) 2350	ander Solesbury	11/1/ 2/3/57.
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER		(State)
REMOVAL (Specify) 5-11-51 mt. (Olive	Cemetery Mt. Coline Wayne C	o. n.C.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
REG. 5-11-57 Many 115 Holloway	tames By askill	85 105
The state of the s		
	Salishu	y, mai



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#### MARYLAND STATE DEPARTMENT OF HEALTH

115323

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH.	2. USUAL RISIDENCE (HOME) OF DECEASED- STATE COUNT	V 0
MARYLAND	CITY (If outside corporate lights, write RURAL and gi	66
CITY (If optside co-porate limits, write RURAL and LENGTH OF STAY OR thy nearest town) (in this place)	TOWN Salukuy	YO MOSTCOL SOWEY
HOSPITAL OR INSTITUTION OR STREET ADDRESS  POTF 4-	STREET ADDRESS PART 4 (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Charles Oftahan	Smill 4. DATE (Month) OF DEATH	(Day) (Year)
5. SEX 6. CALOHOR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	DATE OF BIRTH  9. AGE last birthday Wunder  Months	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Bouness OR deside ing most of working life, even if retired in Industry	11. BIHTHPLACE (State or foreign country)	CITIZEN OF WHAT
13. FATHER'S NAM	14. MOTHER'S MAIDEN NAME	/
15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No. (Yes, no or inknown)   (If yes, give war or dates of service)	Mr. INFORMANT, AND ADDRESS	V-X)
18. MEDICAL CEI	RTIFICATION PIO. # 4. Sality ma	7
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	78 11	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)	/ brentous	3746
(100) Antecedent cause (s)  Diseases or conditions, if any, (b) Carterin - De	levorio	1573
giving rise to the above cause stating the underlying cause last  (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	huli	1570
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		200 AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  NJURY	(CITY OR TOWN) (COUNTY	the test
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Wat work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	19.76 to May 1 19 that I last	the deceased
m al 5	2050	
alive on 19. 19. and that death occurred at	ADDRESS	DATE SIGNED
Thereof Man net	Saludy may	Lay 12/25
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	RY OR OREMATORY LOCATION City Jown, or cour	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5-/2-5-/ Mary W. Archivay	HUMEN & Saluk	ADDRESS
	Nalta 1 12 Holling	£ 150105



05324

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	voccestic
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
OR give nearest tewn TOWN	TOWN Show Hill	
HOSPITAL OR INSTITUTION OR O O O O	STREET (If rural, give location)	7
STREET ADDRESS Jamusula Juna 190 pula	(Test) 14 DAME (Mark)	(Day) (Year)
3. NAME OF DECEASED (Middle) (Type or Print)	Smith DATE (Month) OF DEATH May	(Day) (Year) 3 195 .
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED,	PATE OF EIRTH 9. AGE last birthday I (wider I Mouths)	year   If under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	1. ALLTEPLACE (State opt reign country) // 12.	CITIZEN OF WHAT
done during part of walting life, even if retired) INDUSTRY	Show Hell, mg	COUNTRY?
13. FATTOR'S NAME	14. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yea/no or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	Willand
// service)	The Hand Theman xmon	well my
18. MEDICAL CE	RIFFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Circles is	of Fiver a	last zyn
581.0 Antecedent cause(s)		
Diseases or conditions, if any, (b)	•	** ** ** ** ** ** ** ** ** ** ** ** **
giving rise to the above cause		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
1140011	57,- 01	
22. I hereby certify that I attended the deceased from 4/30		
alive on	ADDRESS ADDRESS	ated above. DATE SIGNED
II A CONTRACT OF THE PARTY OF T	n opivision Sty Delesbury	med 5/12 's
AL OF LEMETE AND STATE THERE AND STATE THERE AND STATE OF LEMETE	TY OR CHEMATORY LOCATION (City, to p. or ching	(State)
DATE REC'D BY LOCAL MECISTRAP'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
076-37 Mary W. Holloma	July amil Small	us ma



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH COUNTY / P	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
(VICOPTICO MARYLAND	mo wicomici
OR give parest town)  CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
OR give powest town) TOWN SHLIS BURY (in this pysce)	TOWN MARDELA
HOSPITAL OR	STREET . (If rural, give location)
INSTITUTION OR STREET ADDRESS ENINSULA GENERAL HOSP	ADDRESS RIVERTON
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) Chayron ERNEST	Sm176 DEATH I 3/ 195/
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED	8. DATE OF BIRTH   9. AGE last birthday   If under 1 year   If under 24 hrs.
M WIDOWED, DIVORCED, (Specify)	DEC 12, 1890 60 yrs. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EDWARD WILLIAM SMITH	J-MMA CLETTA
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown)   (If yes, give war or dates of	maga District
// (service)	
18. MEDICAL CEI	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
( Nank Ashan	to Matted Thomas 7 Jane
Immediate cause (a)	an Ximea , ever / days
DHX Antocodent conco(c)	
Antecedent cause(s) Diseases or conditions, if any, (b)	
giving rise to the above cause	**************************************
39c stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🗆
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	NOW DID MOUNT OCCUR.
INJURY m.   Work   At work	- 0-1
22. I hereby certify that I attended the deceased from 104 30	19.5%, to 19.5%, that I last saw the deceased
CM -1 19	-/p.
alive on 19 3 and that death occurred at 1	A.m., from the causes and on the date stated above.
SIGNATURIA (Degree or title)	ADDRESS DATE SIGNED
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	la la hour the bine 3 this
14 over f. Journe M. N.	Jane 7 193/
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOSATION (City, town, or county) (State)
SURIAL 10-3-2/ 7/10 ERT	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS
REG. [ 7.4-1 May 1/11 X/2000001	
	There & Soull shoe bland



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

05326

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 932

1. PLACE OF DEATH		
COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	y accomae
MARYLAND	1 Chairie	i commente,
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	ve neerest town)
OR give nearest town) (in this place)	OR 120	vo menter cowny
OR give nearest town) TOWN Sales (in this place)	TOWN Bloxom.	
HOSPITAL OR	STREET (If pural, give location)	
INSTITUTION OR D	ADDRESS 0 7	1
STREET ADDRESS Toningula Level Hornigh	ADDRESS A. F. D.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED IN A	Q OF	
(Type or Print) Joha	Smuch DEATH MOUL	28 1957
5. SEX   6. COLOR OR RACE   7. SWIED, MARRIED, PHYCREED,	S. DATE OF BIRTH   9. AGE last birthday   If under	I wear Ilfunder 24 hea
AP	Dec. 24, 1894 56 VIII. Months	Days Hours   Min.
STUMBLY COLOR (Specity) // (Specity)		4
done dufing most of working life, even if retired)  10s. USUAL OCCUPATION (Give kind of work done dufing most of working life, even if retired)  10s. USUAL OCCUPATION (Give kind of work done dufing most of business or life working life working life work done dufing most of business or life working life	11. BIRTHPLACE (State or foreign country)   12	2. CITIZEN OF WHAT
done during most of working like, even if retired) INDUSTRY	Hecomack County V=	COUNTRY?/ //3
Domeone Housewife		4,0,4,
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Jacob Palmer	Mary Baker	
15. Was Decrased Ever In U.S. Armen Forces?   16. Social Security No. (Yes, no, or unknown)   (If yes, give war or dates of	17 INFORMANT AND ADDRESS	and
(ret. Ho, or unknown) (the yes, the war or dates of	Benjamin Smith, Bloxo	m, U =
18. MEDICAL CE	RTIFICATION	A SAN TO A
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
	·	ONSET AND DEATE
Immediate cause (a) Che. Heylis	/-	4.1
Immediate cause (a)		124
ranu.		
Antecedent cause(s)		1. 1
Diseases or conditions, if any, (b)		Metz
/ giving rise to the above cause		
131 1 stating the underlying cause iast		
(c)		fair
11. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not		
related to the disease or condition causing death.		
198. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
1		Zv. AUIUIBII
		Yes   No
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Trans.
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	Total Section
	(CITY OR TOWN) (COUNTY)	Transit Transi
SUICIDE OF office bldg., etc.) INJURY		Trans.
SUICIDE HOMICIDE OF	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	Trans.
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED		Trans.
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OR At work	HOW DID INJURY OCCUR?	(STATE)
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY of Month Office bldg., etc.)  INJURY NOT WHILE AT NOT WHILE WORK AT WORK OF INJURY	HOW DID INJURY OCCUR?	(STATE)
SUICIDE HOMICIDE OF	HOW DID INJURY OCCUR?	(STATE)
SUICIDE OFF office bldg., etc.) HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?  7, 1927, to 2, 1977, that I last s	(STATE)
SUICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work  22. I hereby certify that I attended the deceased from May alive on 1957, and that death occurred at the suite of the suite o	HOW DID INJURY OCCUR?  T, 1927, to 25, 1977, that I last s	aw the deceased ated above.
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY Mork At work   22. I hereby certify that I attended the deceased from Many 1.	HOW DID INJURY OCCUR?  7, 1927, to 2, 1977, that I last s	(STATE)
SUICIDE   OF office bldg., etc.)  HOMICIDE   INJURY   INJURY OCCURRED   OF   INJURY   INJURY OCCURRED   While at   Not While   Work   At work    22. I hereby certify that I attended the deceased from   May 2   alive on   1957., and that death occurred at	HOW DID INJURY OCCUR?  T, 1927, to 25, 1977, that I last s	aw the deceased ated above.
SUICIDE   OF office bldg., etc.)  HOMICIDE   INJURY   INJURY OCCURRED   OF   INJURY   INJURY OCCURRED   While at   Not While   Work   At work    22. I hereby certify that I attended the deceased from   May 2   alive on   1957., and that death occurred at	HOW DID INJURY OCCUR?  T, 1927, to 25, 1977, that I last s	aw the deceased ated above.
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from At work alive on SIGNATURE.  (Degree or title)	HOW DID INJURY OCCUR?  197, to 27, 197, that I last so ADDRESS	aw the deceased ated above. DATE SIGNED
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from At work alive on SIGNATURE (Degree or title)  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	HOW DID INJURY OCCUR?  197, to 27, 197, that I last so ADDRESS  RY OR CREMATORY LOCATION (City, town, or county)	aw the deceased ated above. DATE SIGNED
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from At work alive on SIGNATURE (Degree or title)  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	HOW DID INJURY OCCUR?  197, to 27, 197, that I last so ADDRESS	aw the deceased ated above. DATE SIGNED
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from At work alive on SIGNATURE (Degree or title)  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE SEMEVAL (Specify)  24. SURIAL, CREMATION DATE THEREOF NAME OF CEMETE SEMEVAL (Specify)	HOW DID INJURY OCCUR?  197, to 27, 197, that I last so ADDRESS  ADDRESS  RY OR CREMATORY LOCATION (City, town, or count of the causes and on the date st ADDRESS)  ADDRESS  RY OR CREMATORY LOCATION (City, town, or count of the causes and on the date st ADDRESS	aw the deceased ated above. DATE SIGNED  Sty) States
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from At work alive on the signature of the	HOW DID INJURY OCCUR?  197, to 27, 197, that I last so address and on the date st address Location (City, town, or count of the Cause Mappiville 24. FUNERAL DIRECTOR	aw the deceased ated above. DATE SIGNED  States  Tagunia ADDRESS
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While of INJURY  22. I hereby certify that I attended the deceased from At work alive on SIGNATURE (Degree or title)  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)  195 June 3 195 Jun	HOW DID INJURY OCCUR?  197, to 27, 197, that I last so address and on the date st address Location (City, town, or count of the Cause Mappiville 24. FUNERAL DIRECTOR	aw the deceased ated above. DATE SIGNED  Sty) States
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Not While at Not While at Work At work  22. I hereby certify that I attended the deceased from At work (Degree or titie)  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE RECOUNTY OF CEMETE OF THE NAME OF THE NAME OF CEMETE OF THE NAME OF THE NAME OF CEMETE OF THE NAME OF THE NAM	HOW DID INJURY OCCUR?  197, to 27, 197, that I last so address and on the date st address Location (City, town, or count of the Cause Mappiville 24. FUNERAL DIRECTOR	aw the deceased ated above. DATE SIGNED  States  Tagunia ADDRESS



VS. A15

### 15Maryland state department of health

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

05327

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Whenes MARYLAND	STATE Mareland COUNTY	mica
CITY (if outside corporate limits, write RURAL end OR give nearest town)  TOWN  LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and giv OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peningula General Hospital	STREET (If rural, give location)	
3. NAME OF (First) (Middle)  (Type or Print) Welvin Eugene	Stanley   4. DATE (Month) OF DEATH Main	(Dey) (Year) 3 195/
6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE last birthday If under Months	year   If under 24 hr Deys   Hours   Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry		CONTENT OF WHAT
13. FATHER'S NAME Stanley	Mary Ele abeth Winder	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or anknown)   (If yes, give war or detes of Property No. )	FOHN STANLEY	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Kennicter	NA 4	5 days
Immediate cause  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not releted to the disease or condition ceusing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   INJURY   Mork   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-1		
SIGNATURE (Degree or title)	ADDRESS S. Labour.	DATE SIGNED
	WINDOW SE JOHNSON	
THEMOVAL (Specify) 5/5/5/ Z/ONCE	metery shouldown, or count	Zuns
DATE REC'D BY LOCAL MEGISTRAR'S SIGNATURE REGS -5-61 Mary W. Holloway	24. FUNERAL DIRECTOR Smith Sho	uttery my
104261 336404		



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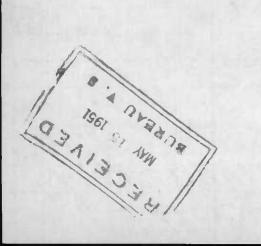
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05328

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH. USUAL RESIDENCY (HOME) OF DECEASED COUNTY STATE MARYLAND CITY (If Sutside composite limits, write RURAL and OR give neglect tool) CITY (1) outside comparate limits, write RURAL and give nearest town) LENGTH OF STAY (in this place) TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS STREET ADDRESS (Middle) 3. NAME OF 4. DATE (Month) (Year) DECEASED (Type or Print) DEATH 6. COLOMOR RACE 7. SINGLE, MARRIED. BIRTH DATE OF 9. AGE last hirthday | If us der Months | Days III under 24 hrs WIDOWED DIVORCED, Hours | Min. (Specify) 10a. IISUAL OCCUPATION (Give kind of work 10b. KIND O BUSINESS OR done wing most of working life, even if retired) 11. BIBCHELACE (State or foreign country, CITIZENSOP WHAT 13. FATHER'S NAME Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ADMRESS es, for unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 3 days Immediate cause Antecedent cause(s) Diseases or conditione, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a, DATE OF OPERATION | 19b, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [] No H PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY 21. ACCIDENT (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work | 19.5/, to \_\_\_\_\_\_, 19.5/, that I last saw the deceased 22. I hereby certify that I attended the deceased from ... , and that death occurred at ..... alive on .... .m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED 23 BURIAL, EREMATION REMOVAL (Specify) NAME OF CEMETERY OF CREMATORY DATE THEREOF LOCATION (City, town or gonnty) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24\_FUNERAL DIRECTOR



2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

05329

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

	meg. Dist. N	/
I. PLACE OF DEATH. COUNTY (LICENSIC)	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	
MARTLAND	Muchan	unuses
OR give nearest teams! (ig this place)	CITY (If outside corporal limits write RURAL and go OR TOWN	ve nearest town)
HOSPITAL OR	STREET (Fruel, gips location)	
INSTITUTION OR STREET ADDRESS CHEEN HEAST WASKITES	ADDRESS Past Office	/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Thomas How Ared	SUDJER DEATH 5	74 1951
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BURTH 9. AGE last birthday If under Montha	1 year   If under 24 hrs   Days   Hours   Min.
(Specify)	120/110,11/91 /6 yrs. 1	
done during fort of working life, evon if retired) INDURY OF BUSINESS OR INDURY TO STATE OF THE PROPERTY OF BUSINESS OF INDURY	11. HRTHPLACE (State or foreign country) 1	2. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7 - 03 - 1
William Mall	unn curus	1
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, 20) of unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	u. do.
Is. MEDICAL CE	RTIFICATION	uaces
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	MIFICATION	INTERVAL BETWEEN
1. DESERSES ON CONDITIONS DIRECTLY BEADING TO DEATH	10 ++	ONSET AND DEATH
Immediate cause (a) Corconna	of Prostate	
177X Antecedent cause(s)	0 4	1
Diseases or conditions, if any, (b)	arsis -	years.
5/2 stating the underlying cause last	00	1 0 ,,
II. OTHER SIGNIFICANT CONDITIONS	nsufficiency	1
Conditions contributing to the death but not related to the disease or coodition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
Nme 1		Yes No th
21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF   While at Not While INJURY   Mork   At work		
22. I hereby certify that I attended the deceased from	8, 1957, to May 23, 19 57, that I last	(1)
22. I hereby certify that I attended the deceased from	0., 19, to, 19, that I last i	saw the deceased
alive on May 23, 195 , and that death occurred at	m., from the causes and on the date s	
SIGNATURE (Degree or sitle)	ADDRESS     QAT     TT	DATE SIGNED
Yhlliam a. Clouble M. Kl.	News Hand State Hopping	3-23-31
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETA	RY OR CREMATORY LOCATION (City, town, or cour	aty) (Sate)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 5-26-5-1 Mary W. Hollomay	Me THEY & Johnsh	n/6
	Desire C. Total	11/02/08

WAR 31 1981 A STANDER OF THE STANDER OF THE SELLING OF THE SELLING

2411 N. Charles Street, Baltimore

	TE OF DEATH Reg. Dist. No	332
8.5.5 mirth .	( 2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	STATE Maryland. Wicoming	
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (Il outside corporate limits, write RURAL and giv	e nearest town)
OR givo nearest town) Solis bury (in this place)	OR TOWN Parsonsbung.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS PEN IN SILL PEN EN OF P. L.	STREET (If rural, give location)	
3. NAME OF (First) DECEASED (Type or Print) Richard STARY. 50	(Last) 4. DATE (Month) OF DEATH OF DEATH	(Day) (Year)
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		year  If under 24 hr
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Richard Sterr Sut Lice	MARY EVELUM. DOHOWAY	,
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	mrs Richard Sut Sicke-Parse	MS bury, me
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONEET AND DEATE
Immediate cause (a) Pulmonou	y d'electosis	Consenial
Antecedent cause(s)		
Diseases or conditions, if any, (b)	/	***************************************
stating the underlying cause last		
(c)		1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, Off office bldg., etc.) INJURY		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY OCCURRED While at Not While Work  At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/14	I, 19, to	aw the deceased
alive on, 19.5./., and that death occurred at SIGNATURE (Degree or title)	ADDRESS and on the date sta	ated above. DATE SIGNED
acust w. tuis on D.	Dalieliury, maryland	5/si
REMOVAL (Specify) 5-2-3-/ Perunsula Qu	neval Hospital Salisbury, mary	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5-2-5-1 Mary W. Hollsman	21. FUNERAL BIRECTOR Peninsula General Hospi	ADDRESS tal.
20429122220		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

BUREAU V. S.

VS. A15

### MARYLAND STATE DEPARTMENT OF HEALTH

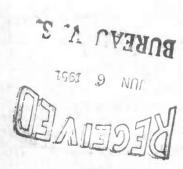
2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

15331 4:30 Fm

Reg. Dist. No. 332

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
Corriero MARVI.	AND STATE COUNTY Clernico
CITY (If outside corporate limits, write RURAL and LENGTH OR give nearest town) (in this TOWN	OF STAY CITY (If outside corporate limits, write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 410 Lo ke	STREET (Urural rive location)
3. NAME OF DECEASED (Middle) (Middle) (Type or Print)	(Lest) 4. DATE (Month) (Day) (Year) OF DEATH S 3 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARI WIDOWED, DIV (Specify) (Sp	ORCED, 1900 J yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirod)  10b. Kind of But Industry	COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Maryland State Police
18. M)	EDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	TH ONSET AND DEATE
Immediate cause (a)	y y way
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	y arteriorcheosu.
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPE	RATION   20. AUTOPSY?
	Yes 🗀 No 🗀
21. ACCIDENT (Specify) PLACE (Home, farm, fact OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURR OF While at Not W	ED HOW DID INJURY OCCUR?
	freel, 1956, to 3/25, 192, that I last saw the deceased
alive on	rred at. Jm., from the causes and on the date stated above.  ADDRESS DATE SIGNED
WEURINI, CHEMATION DATE THEREOF NAME OF PREMIUM AND STREET NAME OF THE PROPERTY OF THE PROPERT	CEMETERY OR CREMATORY LOCATION (City, town, or county)
Derial 16-2-1/10	The same of the sa
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	val 24. FUNERAL DIRECTOR ADDRESS



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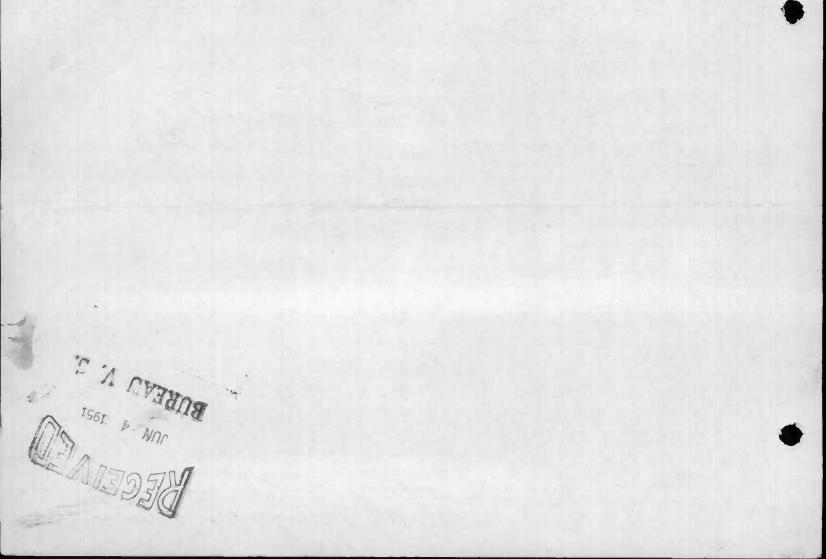
PLE!

MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05332

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and CITY (If out rie comprate limits, write RURAL and give nearest town) (in this place) TOWN TOWN HOSPITAL OR INSTITUTION OR STREET (If ru'al give io ation) ADDRESS STREET ADDRESS (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) OVCE 1 N50 DEATH 5. SE 6. GOLOR COL RACE 7. SINGLA MARRIED 9. AGE last birthday If under III under 24 hrs. I vear WIDOWED, DIVORCED, Months ( Days Hours | Min. (Specify) Da. USUAL OCCUPATION (Give kind of work 10b. Kuto of Business or BLETHELACE (State or foreign-country) 12. CITIZEN OF WHAT walking life, even if maired COUNTRY? 13. PATHER'S NAME 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NOT (Yes, no, of Inknown) (If yes, give war or dates of 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) INJURY TIME (Month) (Day) (Year) (Hour) OCCURRED HOW DID INJURY OCCUR? While at Not while INJURY 5 work at work 22. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 📇 Inquiry 🗗 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . DATE SIGNED SIGNATURE 2 SURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) DATE REC'D BY LOCAL ADDRESS



2411 N. Charles Street, Baltimore

(Day)

12 CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

(STATE)

DATE SIGNED

ADDRESS

State)

No I

Yes |

(Year)

CERTIFICATE OF DEATH Reg. Dist. No. 33-2 I. PLACE OF DEATH. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE MARYLAND CITY (If outside/corporate limits, write RURAL and OR give nearest to n) CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY (in this place) Mu TOWN STREET HOSPITAL OR (If reral give location) INSTITUTION OR ADDRESS STREET ADDRESS (Middle) (Last) 4. DATE (Month) 3. NAME OF (First) DECEASED hiss our (Type or Print) DEATH WIDOWED, DIVORCED, If under 1 year | If under 24 hrs. Morths | Days | Hours | Min. DATE OF BIRTH 9. AGE last birthday 5. SET 6 COLOR OR RACE (Specify) JOO USUAL OCCUPATION (Give kind of work one juring plost of norking life, wen'll retired) CIND OF DUSINESS 1. BIRTHPLACE (State or foreign country) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME muso Bru 15. Was DECEASED EVER (N.S. ARMED FORCES? (Yes, no r unknown) (I year, give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. 18. MEDICAL CERTIFICATIO I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Darione Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. important. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION (CITY OR TOWN) (COUNTY) 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) OF SUICIDE HOMICIDE INJURY INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While Work At work INJURY 22. I hereby certify that I attended the deceased from 7/24, 19.5/2 to 5// 19.5/2, that I last saw the deceased SIGNATURE NAME OF CEMETERY MATORY LOCATION (City town, or county) 23. BURIAL CREMATION REMOVAL (Specify) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL

WITH WRITE SE PLEA S.

corre

carefully. d legibly.

of information c

Supply every item write the causes of

UNFADING t. Physicians:

PLAINLY

especially

MARGIN RESERVED FOR BINDING

BUREAU V. S.

VS. A15

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

05334

Reg. Dist. No. 332

1. PLACE OF DEATH. COUNTY Wiconico		2. USUAL RESIDENCE (H	IOME) OF DEC	EASED. COUNTY	Vale - m
CITY (If outside corporate limits, write RURAL OR give nearest town).	and LENGTH OF STAY (in this place)	CITY (If outside corpora		RURAL and give	nearest town)
TOWN Salisbury Mil	•	TOWN Sale			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Delro Tylend S	tate Grap.	STREET ADDRESS 202	Third	rive location)	
3. NAME OF . (First)	(Middle)	(Last)	1 4. DATE	(Month)	(Day) (Year)
DECEASED (Type or Print) Alice	E	Tyler	OF DEATH	May	24 195
5. SEX   6. COLOR OR RACE   7.	SINGLE, MARRIED,			hday Af under 1	year  If under 24 h
Lewale Colored	WIDOWED, DIVORCED, (Specify)	about 1866 1	about 85	yrs. Months	Days Hours Mi
	Oh. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	Mary (	1 12.	CITIZEN OF WHA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Boston, Charles		Bas Ion	Rosie.	- marie	ha name
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of	16. SOCIAL SECURITY No.		ADDRESS	74	+ Ker
(188, no, or unknown) (11 yes, give war or dates of service)		Davis Em	ma, 5	202 Th	sil St.
	18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LE	ADING TO DEATH				INTERVAL BETWEE ONSET AND DEAT
Immediate cause (a)	Virus pre	imoria		00.00~	over / wee
Antecedent cause(s) Diseases or conditions, if any, (b)	Erteries clerates	cerdis- vo	es cular	diese	>
giving rise to the above cause stating the underlying cause last  (c)	multiple dec	ubitus ula	u		>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Positire	57.5.			>
19a. DATE OF OPERATION   19h. MAJOR FIN	DINGS OF OPERATION			100	20. AUTOPSY?
non I none	_			477	Yes   No
21. ACCIDENT (Specify) PLACE OF CONTROL INJURY	(Home, farm, factory, street, office hldg., etc.)	(CITY OR T	OWN)	(COUNTY)	(STATE)
OF W	NJURY OCCURRED While at Not While Work	HOW DID INJURY OCC	CUR?		
22. I hereby certify that I attended the d	leceased from 5/16	, 1951, to 5/24	, 19 <i>5</i> /, t	that I last sa	w the deceased
alive on 5/24, 1951, and 1	that death occurred at	ADDRESS from the	causes and on	the date sta	ted above.
William Q. Llos	elile Mill.	Deer's Head	7	isf	5/24/51
23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) 5-27-15	51 Green ac	res Cemetery S	OCATION (City)		Co. and.
DATE REC'D BY LOCAL REGISTRAR'S SIGNED	MATURES COMMAN.	Juneral Director	Darhiel	O Sale	ADDRESS
		1			

BUREAU V. S.
MAN 31 1951
MAN 3

STREET, STREET

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

05335

### CERTIFICATE OF DEATH

Jan. M. Se.		
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Widnico MARYLAND	STATE Maryland. Wicom	1 10
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
OR givo nearest town) (in this place)	OR	,
TOWN Vatisbury		
HOSPITAL OR INSTITUTION OR O	STREET (If rural, give location)	
STREET ADDRESS   en in sula juneral 1 tos pi tul		
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) Margaret Grise, W.	essels DEATH May	2 1951
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last hirthday   If under 1	
WIDOWED, DIVORCED,		Days   Hours   Min.
Temale White (Specify)	0 1 t 1 / 1 6 f ym. 1 / 1	11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
Howard	(willie Court Amal )	7 2 .
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Harreld Cable	Many algerials.	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17, INFORMANT AND ADDRESS	
(Yes, no, or unknown)   (If yes, give war or dates of	13 - 12/2 1/1 1/1 1/1	1 1/4
(service)	CO-1- WILL IN SECTION VILL	169-119.70 1166
18. MEDICAL CER	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
11.7.00		
Immediate cause (a) Urberio Rela	rou	s only did for did till took only on throughdown stores a see
111 11		
Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause	**************************************	* 0:00 00 00 00 000 tops only a selection of the selectio
stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death.  192. DATE OF OPERATION   193. MAJOR FINDINGS OF OPERATION		L GO A VIIII O POUVE
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗌 No 🗌
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m.   Work   At work		
an I havely confir that I attended the decorated from %	10 4 to 1 /2 102/ that I lost so	m the desert
22. I hereby certify that I attended the deceased from Jall	, 15.3, to, 15, that I last sa	w the deceased
alive on 42/24 19 and that death occurred at	5:15 A.m., from the causes and on the date sta	ted shove
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
7. 11	(100 111)	17/
M.18. GRAMMAR (M. 6)	DANISAUKU MAM.	1/2/01
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETER	RY OR CREMATORY /LOCATION (City, town, or county	(State)
REMOVAL (Specify)	westerns & Partiales	6 1100
	24. FUNERAL DIRECTOR	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	2. FUNERAL DIRECTOR	- 11 1/4
J-4-3/ Marilli Hallowall	West Sharen is high in bealt marine	Carlaley, by
The state of the s	The state of the s	7-1

BUREAU V. S.

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# The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05336

Reg. Dist. No. 332

COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Augustie
HOSPITAL OR INSTITUTION OR STREET ADDRESS 39/12647 Md	STREET (If rural give in ation)
3. NAME OF DECEASED (First) (Middle) (Type or Print)	NI Last) 4. DATE (Month) (Day) (Year) OF DEATH 5 28 195
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH  9. AGE last birthday   If under 1 year   If under 24 hrs.    about 1923   About 28 yrs.   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Occupantion of Management of Manage	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Unknown
55. Wis Dorgassof Ever In U.S. Armed Forces? 16. Social Security No. (If yes, give war or dates of Security Service)	17. INFORMANT P. G. Hospital Salebing Md
18. MEDICAL CE  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION () INTERVAL BETWEEN ONSET AND DEATH
Grav Immediate cause (a) Intra cone	bral Hemorlage 3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	ul of Brain 3 days
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	hemorlye of Brein   20. AUTOPSY? Yes & No [
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH.  OF Office ide., etc.) INJURY	b (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   OF   NJURY   Not while   Not work   at work	HOW DID INJURY OCCUR?
from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title)	aged died on the day stated above, and death in my opinion resulted
REMOVAL (Specify) 5-31-51 North Ean	RY OR CREMATORY   LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 5-31-37 Mary 11. Holloway	James B. Dashiell Salisbury Md.

BUREAU V. S. 1951 A. S. 1961 A. S

970 408

### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

Post	Diet	Poles	332
EVCK.	L/GL.	ATU.	

		FUR MEDICAL	LEXAMINERS	Reg. Dtst.	No. 332
I. PLACE OF DEA	TH.		2. USUAL RESIDENCE (	HOME) OF DECEASED.	
COUNTY	omico	MARYLAND	STATE Virgi	COUN	Accomac Accomac
CITY (If outside	corporate limits, write RUR		CITY (If outside corpor	ate limits, write RURAL and	give negrest town)
OR give neare	st town) Fruitland	(in this place)	OR TOWN	Painter	give actions come;
HOSPITAL OR INSTITUTION (			STREET	(If rural, give location)	
STREET ADDR	OR ESS		ADDRESS	(	<b>✓</b>
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	John	Thomas	Wise	OF DEATH 5	12 19 51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last birthday   If und	der 1 year  If under 24 hrs.
Male	Colored	WIDOWED, DIVORCED, (Specify) Widowed	Apr. 24, 1889	62 yrs. Mont	hs Days Hours Min.
10a. USUAL OCCU	PATION (Give kind of work	10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State		12. CITIZEN OF WHAT
done during most of	working life even if retired	INDESTRY Co.	Accomac.	Va.	COUNTRY?
13. FATHER'S NA	ME	Facking Co.	14. MOTHER'S MAIDEN		
	John S. Wise		Maggie .	Ashlv	
	EVER IN U.S. ARMED FORCES		17. INFORMANT	J	
(Yes, no, or unknown	) (If yes, give war or dates service)	of 227-24-0529			
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR C	CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
		fina.			011021 2011
Immedia	ite cause (a)	Fractured skull	and broken nec	k	Sudden
8255 Antorod	and annea(a)				
	enf cause(s) r conditions, if any, (b)				
70 giving rise	to the above cause			- <del> </del>	******* *** *** *** *** **************
stating the	underlying cause last				
II. OTHER SIGNO	FICANT CONDITIONS				
Conditions contril	buting to the death but not	. Sh			
	ERATION   19h. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
	1011	individe of or brailor			
21. EXTERNAL C.	AUSE WAS I PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (COUNT	Yes No
PRIMARY TO OR C	CONTRIBUTING OF INJ	office bldg., etc.) URY Ighway			
	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OF	nd, "icomico Co.	, Ma.
	12 51 8P	While at Not while			
INJURY 5	ED OI OF m.	work at work	Automobile ac	cident	
22. I certify that	I took charge of the remo	ins described above, held an A	utonsu   Inspection X	Inquiry T thereon an	d from the evidence
obtained by 80	nd Autopsy. Inspection o	r Inquiry, find that said dece	ased died on the day state	ed above and death in m	y oninion resulted
from: nature	al causes 🔲, accident 🕽	c, suicide [], homicide [],	undetermined [].	4	
SIGNATURE	1	(Degree or titie)	ADDRESS	N. Division Sr	DATE SIGNED
7010	sellingen/	Danish . M. 33			5/14/51
23. BURIAL, CREM	MATION   DATE THERE	DE INAME OF CEMETE	cal Examiner Service CREMATORY	LOCATION (City, town, or co	ounty) (State)
REMOVAL (Spe	ecify)				77
DATE REC'D BY		SIGNATURE Mt. Lion	Cemetery	Painter	ADDRESS
REG.					
May 19, 1	951 Mary	Dolloway	J. Edgar Thor	mas, Accomac, Va	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. NIARGIN RESERVED FOR BINDING

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